**Scottish Foundation School - Application for Foundation Inter-Regional Transfer (IRT)**

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| **Criterion to apply under** | **Enter Criterion Number** |
| **Criterion 1 - Parent or Legal Guardian**  **Criterion 2 - Primary Carer**  **Criterion 3 -Medical Condition or Disability**  **Criterion 4 - Unique Circumstance** |  |

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| Date your circumstances changed (dd/mm/yyyy) |  |

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| **Your Details** | |
| First name |  |
| Surname |  |
| GMC Number |  |
| Contact Number |  |
| Email address (this must the one you check regularly) |  |
| Grade (entering F1, current F1 or current F2 - only applicable if you are not due to complete training in July) |  |

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| **Current Placement - please only complete if you are a current F1 and current F2, if not completing training by July** | |
| Current Region and Programme number |  |
| Date of commencement of Foundation Programme |  |
| Expected Foundation Programme end date |  |
| Are you currently training full time or less than full time (include %) |  |
| Please confirm that you have discussed this request with your Foundation Programme Director and regional Associate Postgraduate Dean for Foundation (include date of discussion) |  |

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| **Your Transfer request details** | |
| What Region do you wish to transfer to? |  |
| What date do you ideally wish this to commence? (dd/mm/yyyy) |  |
| Please confirm that you have read and understood the Foundation IRT guidance on the Scottish Foundation School pages before continuing with this form |  |

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| **Please give a brief overview of your change in circumstances relating to the criteria selected.** |
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| **Supporting Evidence – please provide the correct information dependent upon criterion you have applied for (failure to provide all evidence may delay or null your application)** | |
| **Criterion 1 – Parent or Legal Guardian** |  |
| Copy of birth certificate(s) |  |
| Copy of legal guardian document that confirms your status for the child and/ or children named in the birth certificate(s) |  |
| Supporting statement |  |
| Proof of address in your requested region |  |
| **Criterion 2 - Primary Carer** |  |
| Care plan which details the care management and explains how the responsibility of working as a foundation doctor and as the primary carer will be combined and managed (this can be written by you, or a relevant health or care provider can include GP/ Social Services) |  |
| Supporting statement |  |
| Proof of address in your requested region |  |
| **Criterion 3 – Medical Condition or Disability** |  |
| Report from your current medical specialist treating/ managing your condition/ frequency of ongoing treatment and/ or Occupational Health Physician which should include why it is essential for treatment or medical follow up to be accessed/ delivered in a specific location, rather than by another treatment centre in Scotland |  |
| Supporting statement |  |
| Proof of address in your requested region |  |
| **Criterion 4 – Unique Circumstance** |  |
| Report by an individual who holds a professional role and is in a position of authority in relation to your circumstance, which describes the current unique situation and explaining why your foundation training can only be carried out in a specific location rather than another location in the Scotland |  |
| Supporting statement |  |
| Proof of address in your requested region |  |

**Trainee Declaration**

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| I confirm that:   * I have explained the changes to my circumstances and how these meet the criteria selected. * I have included all required documentation with my application form to the Scottish Foundation School before the deadline. * The information contained within my application and the supporting documentation is correct and truthful. * I have no unresolved or outstanding cause for concern which may have been highlighted by the ARCP process (applicable for current F1 and F2 ONLY) * I am NOT under a current GMC or criminal investigation. * I understand that this information will be treated confidentially and give my permission for all the information in this application to be considered by the Scottish Foundation School IRT review panel. * I give my permission for information in this application to be used in anonymised form for review and evaluate the process and outcomes of the Foundation IRT process. * All outcome decisions will be emailed using the email address provided in this form. * I understand that I MUST NOT contact any of the team the regional I wish to transfer to. * I understand that I am expected to take up any programme offered to me, if there is a vacancy in the requested region. If I decide not to take up the offered programme my application will be terminated. |

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| Signature |  |
| Date |  |

**Declaration– To be completed by the trainee’s Foundation Programme Director or Regional Associate Dean for Foundation (this is for current F1 or F2 only)**

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| I confirm that:   * I am the trainee’s current Foundation Programme Director or Regional Associate Postgraduate Dean for Foundation * The trainee has met and discussed their circumstances. * The information provided by the trainee is, to the best of my knowledge, correct and accurate. * The trainee whose details are above is applying for a transfer to a region in a different location due to a significant change in circumstances since being allocated to the Foundation School. * By signing this document, I am not approving or denying a transfer request as decisions on eligibility will be carried out by the Scottish Foundation School Team and review panel. |

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| **Details of Foundation Programme Director or Regional Associate Postgraduate Dean for Foundation** | |
| First Name (PRINT) |  |
| Surname (PRINT) |  |

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| Signature |  |
| Date |  |

**Trainee must submit completed application form and evidence to:** [**sfas@nes.scot.nhs.uk**](mailto:sfas@nes.scot.nhs.uk)