|  |
| --- |
| **Scottish Foundation School** **Application (F1/ F2) for Foundation Inter-Regional Transfer (IRT)** |

|  |
| --- |
| **Criterion 2 – Primary Carer** |
| **Date that your circumstance changed** | *dd* | *mm* | *yyyy* |

|  |  |
| --- | --- |
| **Please confirm that you have read and understood the Foundation IRT guidance on the Scottish Foundation School web pages before continuing with this form** | ***Please tick*** |

|  |
| --- |
| **You are required to complete all sections of this form.** |

|  |
| --- |
| **Your Details** |
| **First name** |  |
| **Surname** |  |
| **GMC Number** |  |
| **Contact Number** |  |
| **Email address (nhs.scot)** |  |
| **Grade** **\**Please indicate*** | ***Current F1*** | ***Current F2*** |

|  |
| --- |
| **Current Placement**  |
| **Current Region and Programme number** | ***Region*** | ***Programme number*** |
| **Foundation Programme start date** | ***dd*** | ***mm*** | ***yyyy*** |
| **Expected Foundation Programme end date** | ***dd*** | ***mm*** | ***yyyy*** |
| **Date of your last or expected date of ARCP** | ***dd*** | ***mm*** | ***yyyy*** |
| **Is your currenttraining**  | ***Full time*** | ***Less than full time (include %)*** |
| **Do you require a VISA to work in the UK** | ***Y/N*** | ***State your current VISA type*** |
| **Please confirm that you have discussed this request with your Foundation Programme Director and Associate Postgraduate Dean for Foundation**  | ***Foundation Programme Director*** | ***Associate Postgraduate Dean*** |
| ***Name*** | ***Name*** |
| ***Date*** | ***Date*** |

|  |
| --- |
| **Your Transfer Request Details** |
| **What Region do you wish to transfer to?*****\*Please indicate*** | ***East*** | ***North*** | ***South-east*** | ***West*** |

|  |  |
| --- | --- |
| **Your Personal Statement** | **Criterion 2 – Primary Carer** |
| **Please provide a brief overview of the change in your circumstances (200 words maximum)** |
|  |

|  |
| --- |
| **You are required to provide supporting evidence for Criterion 2 – Primary Carer****Failure to provide all evidence may result in your application not being considered by the Scottish Foundation School Review Panel.** |
| **Criterion 2 – Primary Carer** | **attached** |
| **A care plan which details the care arrangements and explains how the responsibility of working as a foundation doctor and as the primary carer will be combined and managed.** | ***Yes*** | ***No*** |
| Supporting statement from the general practitioner or social worker of the person being cared for, which confirms your role as primary carer and explains the level of care you currently provide. | ***Yes*** | ***No*** |
| **The signatory must:** * be over 18
* not be a doctor in training of any grade (up to ST8)
* not be related to the applicant by birth or marriage
* not be in a personal relationship with the applicant
* not live at the same address as the applicant.
* have known the applicant for **1 month or more.** In circumstances where this is not the case, the applicant must provide an explanation as to why their supporting signatory has not known them longer, and why an alternative signatory could not be used to support the application
 |  |  |
| **Proof of address must be provided which is in your name, and this must be for a home that falls within the boundaries of the region.**  | ***Yes*** | ***No*** |

|  |  |
| --- | --- |
| **Foundation Doctor Declaration Checklist** | **Criterion 2 – Primary Carer** |

|  |  |
| --- | --- |
| **I confirm that:** |  |
| * **I am applying for an inter region transfer under Criterion 2 – Primary Carer**
 | **Y/N** |
| * **My application is due to a change in my circumstances.**
 | **Y/N** |
| * **I have explained the changes to my circumstances and how these meet Criterion 2 – Primary Carer.**
 | **Y/N** |
| * **I have read and understood the IRT guidance on the Scottish Foundation School web pages.**
 | **Y/N** |
| * **I am NOT under a current GMC or criminal investigation.**
 | **Y/N** |
| * **The information contained within my application and the supporting evidence is accurate and truthful.**
 | **Y/N** |
| * **I understand that I MUST NOT contact any of the team in the region I wish to transfer to by any means.**
 | **Y/N** |
| * **I understand that my information will be treated confidentially, and I give my permission for all the information in this application to be considered by the Scottish Foundation School IRT review panel.**
 | **Y/N** |
| * **I understand that if my application is approved, 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 accept the offered programme my application will be terminated.**
 | **Y/N** |
| * **I give my permission for information in this application to be used in an anonymised form for review and evaluate the process and outcomes of the Scottish Foundation School IRT process**
 | **Y/N** |
| * **All outcome decisions are final and there is no appeal process.**
 | **Y/N** |
| * **I understand that I will be informed by email of the outcome decision.**
 | **Y/N** |
| * **I have included all required supporting evidence with my application form to the Scottish Foundation School.**
 | **Y/N** |

|  |  |
| --- | --- |
| **Signature** | **Date** |

|  |  |
| --- | --- |
| **Foundation doctor Declaration** | **Criterion 2 – Primary Carer** |

**To be completed by your Foundation Programme Director or Associate Postgraduate Dean.**

|  |
| --- |
| **I confirm that:*** **I am the Foundation doctor’s current Foundation Programme Director or Associate Postgraduate Dean.**
* **The Foundation doctor has met with me and discussed their change in circumstances.**
* **The information provided by the Foundation doctor is, to the best of my knowledge, correct and accurate.**
* **The Foundation doctor whose details are above is applying for a transfer to a region in a different location due to a significant change in circumstances since commencing in their post.**
* **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.**
 |

|  |  |
| --- | --- |
| **First Name *(PRINT)*** | **Surname *(PRINT)*** |
| **Signature** | **Date** |
| **\*Foundation Programme Director/ Associate Postgraduate Dean** ***\*Delete as appropriate*** |

**Foundation doctors must submit their completed application form and supporting evidence to:** **sfas@nes.scot.nhs.uk**