**IRT Supporting Document - Regional Document**

* The trainee should complete Section 1 and then send to the Lead Dean Director in their specialty training programme
* The Dean’s administrative team will arrange for Section 2 to be completed and returned to the trainee.
* The Trainee will attach the completed form along with the application form and supporting documents for their IRT submission to IRT@nes.scot.nhs.uk
* This form is not to be edited other than in providing the required information. Editing the declaration or providing knowingly inaccurate or false information may result in the form becoming invalid as well as other possible repercussions as outlined in the *Trainee Guide to Inter Regional Transfers*.

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| **Section 1 - To be completed by trainee applying for an IRT:** |
| Trainee’s name |  |
| GMC Number  |  |
| NTN number |  |
| Specialty |  |
| Current Region |  |
| Proposed Region |  |

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| If there is no capacity in your choice of region do you wish to be considered for a vacancy in another region in Scotland? (*Delete as appropriate)* | **YES/NO** |

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| I confirm that: * I am in receipt of an ARCP Outcome 1, 2, 3, 10.1 or 10.2 **OR** have provided a letter of support signed by Lead Dean Director
* I have no unresolved or outstanding ‘cause for concern’ which may have been highlighted by the ARCP process
* I am not under a GMC or criminal investigation
* I am not under any local disciplinary measures
* The information I have provided is correct and truthful
* I give my permission for all the information in my application to be shared with the Scotland IRT team and relevant parties.
* I give my permission for information in this application to be used in anonymised form for review and evaluation of the process and outcomes of the Scotland IRT process
 |
| Signature: |  |
| Name: |  |
| Date: |  |

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| **Section 2 - To be completed by current Lead Dean Director (or designated nominee):** |
| **Please note that this section is not for the Lead Dean Director or designated nominee to confirm the trainee’s declaration regarding ARCP outcomes, disciplinary measures or GMC/Criminal investigations is accurate.****This form must only be signed by the Lead Dean Director or a designated nominee which will not be a TPD or Educational Supervisor or Head of School.**By signing the below, I can confirm that I have been informed by this trainee that they are intending to apply for an IRT and can provide acknowledgement of this intention to the Scotland IRT panel.Name ………………………………………………….. Date…………………………………………………….. Position ………………………………………………….. Signature……………………………………………….LETB/Deanery……………………………………………  |