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| **Supporting Document D**  Criterion 4 – Committed Relationship  (Page 1 of 3) |

August 2014

**Part 1 – To be completed by the trainee**

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| **Details of trainee:** | |
| First Name: |  |
| Surname: |  |
| Address: |  |
|  |
|  |
| Postcode: |  |

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| **Details of the person with whom you have the committed relationship:** | |
| First Name: |  |
| Surname: |  |
| Address: |  |
|  |
|  |
| Postcode: |  |

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| How has your current situation changed since appointment to training? |
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| **Supporting Document D**  Criterion 4 – Committed Relationship  (page 2 of 3) |

**PART 1 continued – To be completed by the trainee**

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| **DECLARATION**  I confirm that:   * The information I have provided in this supporting document is correct and truthful and that it matches the information supplied on my application form. * I understand that failure to provide the Scottish IRT team with correct and truthful information may result in my application being withdrawn and/or referral to the GMC. * This document has not been edited by myself or the signatory other than to provide information required to answer the relevant sections. * I give my permission for all the information in this document to be shared with the Scottish Inter Regional Transfer team and relevant parties if necessary. * I give my permission for information in my application to be used in an anonymised form for review and evaluation of the processes and outcomes of the Scottish Inter Regional Transfer process. | |
| Signature: |  |
| Print Name: |  |
| Date: |  |

**Part 2 – To be completed by the trainee’s Educational Supervisor or Training Programme Director**

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| **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 relating to a committed relationship.**  To demonstrate that the trainee has had a change in their committed relationship, they **must** submit this document, countersigned by their current Educational Supervisor or Training Programme Director.  The signatory of this form **must** be the trainee’s current Educational Supervisor or Training Programme Director.  **The signatory of this form will not be able to approve or deny a transfer request but instead must be able to confirm that the information provided on page 1 of this document is accurate to the best of their knowledge.**  All decisions regarding a trainee’s eligibility will be taken by the Scottish IRT team  Please see page 3 for declaration to be signed |

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| **Supporting Document D**  Criterion 4 – Committed Relationship  (page 3 of 3) |

**PART 2 – To be completed by the trainee’s Educational Supervisor or Training Programme Director**

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| Details of **ES/TPD:** | | | |
| First Name: |  | | |
| Surname: |  | | |
| Position (please circle): | **Educational Supervisor / Training Programme Director** | | |
| GMC number: |  | | |
| Hospital/Site |  | | |
| Address: |  | | |
|  |  | | |
|  |  | Postcode: |  |

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| **DECLARATION**  I confirm that:   * I am the trainee’s current Educational Supervisor or Training Programme Director * The information provided by the trainee on page 1 of this document is, to the best of my knowledge, correct and accurate. * By signing this document, I am not approving or denying a transfer request as decisions on eligibility will be carried out by the Scottish Inter Regional Transfer team | |
| Signature: |  |
| Print Name: |  |
| Date: |  |

**TRAINEES ARE ADVISED TO CHECK THAT ALL SECTIONS HAVE BEEN COMPLETED, AND THAT A COPY OF THEIR MARRIAGE CERTIFICATE, CIVIL PARTNERSHIP CERTIFICATE OR TWO EXAMPLES OF SHARED FINANCIAL RESPONSIBILITY ARE ATTACHED TO THE APPLICATION.**