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

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| **Criterion 1 - Parent or Legal Guardian** | | | |
| **Date that your circumstance changed** | *dd* | *mm* | *yyyy* |

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| **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*** |

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

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

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| **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*** | |

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

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| **Your Personal Statement** | **Criterion 1 – Parent or Legal Guardian** |
| **Please provide a brief overview of the change in your circumstances (200 words maximum)** | |
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| **You are required to provide supporting evidence for Criterion 1 - Parent or Legal Guardian**  **Failure to provide all evidence may result in your application not being considered by the Scottish Foundation School Review Panel.** | | |
| **Criterion 1 – Parent or Legal Guardian** | **attached** | |
| **Copy of birth certificate(s) of the child(ren)**   * A birth certificate must be provided for each child listed on the application form * For legal guardians, a copy of the legal document that confirms your status for the child(ren) named in the birth certificate(s) | ***Yes*** | ***No*** |
| **Supporting statement from a professional who can confirm that they know you and have a professional working relationship with both the child(ren) and yourself and can confirm that you have a significant caring responsibility for a child or children under 18.**  The signatory must:   * be over the age of 18 * have a relevant professional working relationship with the applicant and their child(ren) e.g. Midwife, GP/Doctor, Headteacher, Social Worker, nursery or preschool manager/team leader * 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. | ***Yes*** | ***No*** |
| **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 requested region.** | ***Yes*** | ***No*** |

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| **Foundation doctor Declaration Checklist** | **Criterion 1 – Parent or Legal Guardian** |

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| **I confirm that:** |  |
| * **I am applying for an inter region transfer under Criterion 1 – Parent or Legal Guardian** | **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 1 – Parent or Legal Guardian.** | **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** |
| * **I understand that 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** |

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

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| **Foundation doctor Declaration** | **Criterion 1 – Parent or Legal Guardian** |

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

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| **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 IRT review panel.** |

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| **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**](mailto:sfas@nes.scot.nhs.uk)