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| **Scottish Foundation School**  **Application for Foundation Inter-Regional Transfer (IRT)**  **To be eligible your change in circumstances must be after submission of your application to the Scottish Foundation School** |

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| **Criterion 1 - Parent or Legal Guardian** | | | |
| **Date that your circumstances 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** | **Y/N** |

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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** |  |

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| **Do you require a VISA to work in the UK?** | **Y/N** |
| **Did you apply for pre allocation?** | **Y/N** |
| **Did you apply for a Foundation Priority Programme (FPP) post?** | **Y/N** |

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| **Your Transfer request details** | | | | |
| **What region and programme have you been allocated to** | ***region*** | | ***programme*** | |
| **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)** | **Y/N** |
| **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. | **Y/N** |
| **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.** | **Y/N** |

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| **Applicant 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 after submission of my application to the Scottish Foundation School** | **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 fitness to practice/ 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:**   + **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.** | **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 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 the required supporting evidence with my application form to the Scottish Foundation School.** | **Y/N** |

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

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