**August 2014**

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| **Supporting Documents B**  Criterion 2 - Primary Carer Responsibilities (Part 1)  (page 1 of 5) |

## PART 1 – For completion by the trainee

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| Details of **Trainee** | | | |
| Surname: |  | First name: |  |
| Address: |  | | |
|  | | |
|  | | |
|  | Post code: |  |

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| Details of **Person being cared for:** | | | | |
| Surname: |  | | First name: |  |
| Address: |  | | | |
|  | | | |
|  | | | |
|  | | Post code: |  |
| Date of birth: |  | | Gender: |  |
| Relationship to trainee: | |  | | |

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| **This document must be submitted by the trainee in support of an application for a Scottish Inter Regional Transfer on the criterion of a disability.** .  As part of the process of applying for Inter Regional Transfer on the criterion of change of circumstances relating to their role of primary carer, trainees must provide a care plan in support of their application.  The purpose of this plan is twofold:   * to confirm that the applicant is the **primary** carer for someone who is disabled as defined in the Equality Act 2010 and to outline the type and level of care provided * to ensure that the trainee has given due consideration to the issues which will face him/her in combining a demanding medical role and providing care.   In completing this plan, applicants are reminded that the confidential medical details of the person cared for should not be routinely disclosed to the Scottish Inter Regional Transfer team. Instead, a clear indication of the level of care provided by the applicant should be given. |

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| **Supporting Documents B**  Criterion 2 - Primary Carer Responsibilities (Part 1)  (page 2 of 5) |

**PART 1 continued – For completion by the trainee**

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| Outline the care provided and your level of responsibility in the provision of this care. Please indicate how much of your time this takes each day/week. |
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| Could these responsibilities be taken by anyone else? If not, why not? |
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| What other services does the person you care for utilise? E.g. social services, private carers, translation/interpreter services, primary health care team. Have all local support resources been fully considered? |
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| **Supporting Documents B**  Criterion 2 - Primary Carer Responsibilities (Part 1)  (page 3 of 5) |

**PART 1 continued – For completion by the trainee**

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| How do you plan to combine these responsibilities with a demanding training programme that may involve irregular and anti-social working hours? Please provide as much detail as possible. |
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| What arrangements will you have in place for unexpected or planned periods when you will be unavailable? For example, if you have to do a week of nights or are asked to cover a shift for a colleague at short notice. |
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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 | |
| Name: |  |
| Signature: |  |
| Date: |  |

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| **Supporting Documents B**  Criterion 2 - Primary Carer Responsibilities (Part 2)  (page 4 of 5) |

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| **PART 2 – For completion by the General Practitioner or Social Worker of the person being cared for by the applicant**  The medical details of the disability of the person being cared for are not required. Our concern is to confirm that the applicant is the primary carer for that person. By primarycarer we mean the person who provides, or is responsible for the provision of, care, on a daily basis. Applicants who are part of a group, e.g. a family, which provides care for a person are not eligible to apply under the Scottish Inter Regional Transfer process.  **The information provided within this document will be reviewed by the Scottish Inter Regional Transfer team which is an administrative team with no clinical experience or knowledge. By signing the previous page and submitting this document as part of the Scottish IRT application process, the trainee has given consent for this information to be shared with the team.** |

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| How long you have known the person being cared for by the trainee? | | | |
|  | Years |  | Months |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the person being cared for meet the definition of disability as outlined in the Equality Act 2010? | | | |
| Yes | ☐ | No | ☐ |

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| Please provide brief details of the type and level of care the trainee provides: |
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| **Supporting Documents B**  Criterion 2 - Primary Carer Responsibilities (Part 2)  (page 5 of 5) |

**PART 2 – For completion by the General Practitioner or Social Worker of the person being cared for by the applicant**

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| **DECLARATION**  I confirm that:   * I am over 18 years old * I am not related to the trainee by birth or marriage * I am not in a personal relationship with the trainee nor live at the same address * I am a medical professional involved in the regular care of the person cared for by the trainee * The information I have provided on this document is correct and truthful * I am prepared to be contacted by the Scottish Inter Regional Transfer team to discuss this information if necessary. | | | |
| Name: |  | | |
| Professional status/role: |  | GMC no (if applicable): |  |
| Signature: |  | Date: |  |
| Address: |  | | |
|  | | |
|  | | |
| Postcode: |  | | |
| Phone number  for queries: |  | | |