

IDT Supporting Document - Deanery Document – AUGUST 2020

- The trainee should complete Section 1 and then send to their region’s designated IDT contact (contact details can be found within the resource bank on the [Specialty Training website](#).)
- The current training region designated IDT contact will arrange for Section 2 to be completed and returned to the trainee.
- The trainee will upload the completed form to the IDT application portal **at the time of application**. It is the trainees responsibility to ensure this is completed and updated before the IDT application window closes.
- The proposed training regions must be stated in the same order on this Deanery Document and on the Online Application Form.
- This form is not to be edited other than in providing the required information. Editing the declaration, the formatting 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 IDTs](#).

Section 1 - To be completed by trainee applying for an IDT in the August 2020 Window:

Trainee’s name		
GMC Number		
DRN/NTN		
Specialty		
Current Training Region		
Proposed Training Region	1 st choice	
	2 nd choice (if any)	
	3 rd choice (if any)	
<p>I confirm that:</p> <ul style="list-style-type: none"> • 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 <u>or</u> I have provided details of my GMC or criminal investigations to the Fitness To Practice (FTP) team via the Fitness To Practice form. • I am not under any local disciplinary measures <u>or</u> I have provided details of any local disciplinary measures to the Fitness To Practice (FTP) team via the Fitness To Practice form. • 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 National IDT 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 National IDT process 		
Signature:		
Name:		
Date:		

Section 2 - To be completed by current Postgraduate Dean (or designated nominee):

Please note that this section is not for the Postgraduate Dean 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 Postgraduate Dean 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 IDT and can provide acknowledgement of this intention to the National IDT team.

Name Date.....

Position

Training Region..... Signature.....