

FOR REAPPLICATION ONLY

Inter Deanery Transfer (IDT)

SUPPORTING DOCUMENT COVERSHEET

By signing this coversheet, you are confirming that the statement written and signed for on the attached supporting document is still valid, whether you are signing to confirm circumstances as a trainer or commenting on care as a medical professional.

You also agree to all the terms and conditions listed on that supporting document as the counter-signatory to the trainee applying for National IDT.

This document must not be signed more than 4 weeks prior to the opening of the application window in which the trainee is applying. Doing so will void this form.

Please sign and date only the appropriate box.

Supporting Document Type	Required Signatory	Signature	Date
A	Medical professional or Occupational Health professional		
B	General Practitioner or Social Worker		
C	Educational Supervisor or Training Programme Director		
D	Educational Supervisor or Training Programme Director		

THIS FORM IS TO BE USED FOR RE-APPLICATIONS ONLY