

FOR REAPPLICATION ONLY

## Inter Deanery Transfer (IDT)

### February 2020 Window

#### 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.

*For attention of the trainee: This is also relevant when providing former evidence that will be outdated at time of application.*

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 2 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	Name	Signature	Date
<b>A</b>	Medical professional or Occupational Health professional			
<b>B</b>	General Practitioner or Social Worker			
<b>C</b>	Educational Supervisor or Training Programme Director			
<b>D</b>	Educational Supervisor or Training Programme Director			