

NATIONAL 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 the appropriate box.

	 <p>Supporting Document A Signature (Medical professional or Occ Health)</p>
	 <p>Supporting Document B Signature (GP or Social Worker)</p>
	 <p>Supporting Document C Signature (Educational Supervisor or TPD)</p>
	 <p>Supporting Document D Signature (Educational Supervisor or TPD)</p>