

PART 1 – For completion by the trainee

Details of trainee:	
First Name:	
Surname:	
Address:	
Postcode:	

Declaration by the trainee:	
<p>I confirm that:</p> <ul style="list-style-type: none"> • 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that failure to provide the National IDT team with correct and truthful information may result in my application being withdrawn and/or referral to the GMC.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 National Inter Deanery Transfer team and relevant parties if necessary. • I give my permission for information in my application to be used in an anonymous form for review and evaluation of the processes and outcomes of the National Inter Deanery Transfer process 	
Signature:	
Print Name:	
Date:	

PART 2 – For completion by Occupational Health Physician, GP or medical specialist

This document must be submitted by the trainee in support of an application for a National Inter Deanery Transfer under the criterion of a Physical disability.

The person whose details are above is a medical trainee applying for a transfer to a different training region because of a change in circumstances due to a Physical disability.

This document is essential to verify that the trainee has a Physical disability as defined by the Equality Act 2010, for which treatment is an absolute requirement and is required to take place in the geographical area the trainee has applied to relocate to, as confirmed by statements from their Occupational Health Physician, GP or medical specialist providing treatment.

To support his/her application s/he requires statements from their Occupational Health Physician, GP or medical specialist, in which they should:

- confirm the physical disability
- describe the nature of the ongoing treatment and frequency of follow up required;
- state why the reasonable adjustment of a transfer needs to be made;
- state how a move would support the trainee in their change of circumstances.

Please complete and sign **PART 2** of this form and return it to the trainee for submission.

The information provided within this document will be reviewed by the National Inter Deanery 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 National IDT application process, the trainee has given consent for this information to be shared with the team.

PART 2 continued – For completion by Occupational Health Physician, GP or medical specialist

How long have you known the trainee?		years		months
Please briefly describe the current medical condition or disability:				
Date of diagnosis:				
Is the trainee's condition a disability as defined by the Equality Act 2010?			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>

Please describe the nature of the on-going treatment and the frequency of follow up required:
Please state why the reasonable adjustment of a transfer needs to be made and how a move would support the trainee in their change of circumstances:

PART 2 continued – For completion by Occupational Health Physician, GP or medical specialist

DECLARATION			
To be signed by Occupational Health Physician, GP or medical specialist involved in the treatment of the trainee			
I confirm that:			
<ul style="list-style-type: none">• 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 trainee• The information I have provided on this document is correct and truthful• I am prepared to be contacted by the National Inter Deanery Transfer team to discuss this information if necessary.			
Name:			
Professional status/role:		GMC no:	
Signature:		Date:	
Address:			
Postcode:			
Phone number for queries:			

