

**PART 1 – For completion by the trainee**

<b>Details of trainee:</b>	
First Name:	
Surname:	
Address:	
Postcode:	

<b>Declaration by the trainee:</b>	
<p>I confirm that:</p> <ul style="list-style-type: none"><li>• The information I have provided in this supporting document is correct and truthful and that it matches the information supplied on my application form.</li><li>• 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that failure to provide the National IDT team with correct and truthful information may result in my application being withdrawn and/or referral to the GMC.</li><li>• This document has not been edited by myself or the signatory other than to provide information required to answer the relevant sections.</li><li>• 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.</li><li>• 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</li></ul>	
Signature:	
Print Name:	
Date:	

**PART 2 – For completion by Occupational Health Physician, GP or other Registered Clinician providing care for the individual**

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

This document is essential to verify that the trainee has a mental health disability 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 other Registered Clinician providing care.

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

- confirm the psychological 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.**

**A2**

**Supporting Document A2**  
Criterion 1B- Own mental health disability (Part 2)  
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**AUG  
2020**

**PART 2 continued – For completion by Occupational Health Physician, GP or other Registered Clinician providing care for the individual**

How long have you known the trainee?		years		months
Please briefly describe the current medical condition or disability:				
Date of diagnosis:				
Does the trainee's condition require ongoing clinical treatment?	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:				

# A2

**Supporting Document A2**  
Criterion 1B- Own mental health disability (Part 2)  
(Page 4 of 4)

**AUG  
2020**

**PART 2 continued – For completion by Occupational Health Physician, GP or other Registered Clinician providing care for the individual**

## DECLARATION

**To be signed by Occupational Health Physician, GP or other registered clinician providing treatment of the trainee**

I confirm that:

- 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:			

## IDT checklist for trainees applying under Criterion 1B – Mental Health Disability

Please use this checklist to ensure you have completed all the necessary steps of the IDT application process.

	Steps to be completed	Completed ✓
1.	Read <a href="#">Trainee Guide to IDTs</a>	<input type="checkbox"/>
2.	Discuss your circumstances with your Educational or Academic Supervisor and your training region team to explore alternative working arrangements such as LTFT.	<input type="checkbox"/>
3.	If you are satisfied that you meet the eligibility criteria for Criterion 1, please prepare all required documents prior to completing an application form.	<input type="checkbox"/>
4.	Complete Section 1 of the Deanery Document. Section 2 of the Deanery Document must be completed and signed by the Postgraduate Dean or nominee within the training region team.	<input type="checkbox"/>
5.	Complete Part 1 of Supporting Document A2 and forward it to your Occupational Health Physician, GP or medical specialist to complete Part 2.	<input type="checkbox"/>
6.	Obtain a copy of your most recent ARCP Outcome Form and ensure this has already been signed by the ARCP panel.  If your ARCP is on e-portfolio, you can download your latest outcome into a PDF document via the e-portfolio site.  Trainees on OOP or parental leave will also need to provide a copy of their ARCP Outcome Form received while still on the programme.  Trainees who have not had ARCP in their training programme need to provide a Letter of Support from their Postgraduate Dean.	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
7.	Check all your documents are completed and signed before completing an application form. Incomplete documents will impact on your eligibility and prevent your application from progressing.	<input type="checkbox"/>
8.	ACF/CL trainees should obtain a letter from their current region and their prospective region regarding the transfer of their funding should they wish to transfer rather than relinquish their academic award.	<input type="checkbox"/>
9.	Start the online application process (create user name and password) and complete the application form.  If you need further guidance whilst completing your online application, please refer to the <i>Guide to Completing IDT Application &amp; Supporting Documents</i> which can be found here: <a href="https://specialtytraining.hee.nhs.uk/Resources-Bank">https://specialtytraining.hee.nhs.uk/Resources-Bank</a>  Complete your application by uploading: <ul style="list-style-type: none"> <li>• A copy of your most recent ARCP Outcome Form/PGD Letter of Support</li> <li>• A completed Deanery Document</li> <li>• A completed Supporting Document 1B</li> </ul>	<input type="checkbox"/>
10.	If you have any queries, please contact the Inter Deanery Transfer team at <a href="https://lasepgmdsupport.hee.nhs.uk/support/tickets/new?form_11=true">https://lasepgmdsupport.hee.nhs.uk/support/tickets/new?form_11=true</a>	<input type="checkbox"/>