

<b>B</b>	<b>Supporting Document B</b> Criterion 2 - Primary Carer Responsibilities (Part 1) (Page 1 of 5)	<b>AUG 2018</b>
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**PART 1 – For completion by the trainee**

<b>Details of Trainee</b>			
Surname:		First name:	
Address:			
			Post code:

<b>Details of Person being cared for:</b>			
Surname:		First name:	
Address:			
			Post code:
Date of birth:		Gender:	
Relationship to trainee:			

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

As part of the process of applying for an Inter Deanery Transfer on the criterion of change of circumstances relating to their role as primary carer, trainees must provide a care plan in support of their application.

The purpose of this plan is twofold:

- to confirm that the applicant is the **primary** carer for someone who is disabled as defined in the Equality Act 2010 and to outline the type and level of care provided.
- to ensure that the trainee has given due consideration to the issues which will face him/her in combining a demanding medical role and providing care.

In completing this plan, applicants are reminded that the confidential medical details of the person cared for should not be routinely disclosed to the National Inter Deanery Transfer team. Instead, a clear indication of the level of care provided by the applicant should be given.

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

Outline the care provided and your level of responsibility in the provision of this care. Please indicate how much of your time this takes each day/week.

Could these responsibilities be taken by anyone else? If not, why not?

What other services does the person you care for utilise? E.g. social services, private carers, translation/interpreter services, primary health care team. Have all local support resources been fully considered?

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

How do you plan to combine these responsibilities with a demanding training programme that may involve irregular and anti-social working hours? Please provide as much detail as possible.

What arrangements will you have in place for unexpected or planned periods when you will be unavailable? For example, if you have to do a week of nights or are asked to cover a shift for a colleague at short notice.

<p><b>DECLARATION</b></p> <p><b>I confirm that:</b></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 anonymised form for review and evaluation of the processes and outcomes of the National Inter Deanery Transfer process.</li> </ul>
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Name:	
Signature:	
Date:	

**PART 2 – For completion by the General Practitioner or Social Worker of the person being cared for by the applicant.**

The medical details of the disability of the person being cared for are not required. Our concern is to confirm that the applicant is the primary carer for that person. By primary carer we mean the person who provides, or is responsible for the provision of care, on a daily basis. Applicants who are part of a group, e.g. a family, which provides care for a person are not eligible to apply under the National Inter Deanery Transfer process.

**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.**

How long you have known the person being cared for by the trainee?

	Years		Months
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Does the person being cared for meet the definition of disability as outlined in the Equality Act 2010?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please provide brief details of the type and level of care the trainee provides:

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**PART 2 – For completion by the General Practitioner or Social Worker of the person being cared for by the applicant**

<b>DECLARATION</b>			
I confirm that:			
<ul style="list-style-type: none"> <li>• I am over 18 years old</li> <li>• I am not related to the trainee by birth or marriage</li> <li>• I am not in a personal relationship with the trainee nor live at the same address</li> <li>• I am a medical professional involved in the regular care of the person cared for by the trainee</li> <li>• The information I have provided on this document is correct and truthful</li> <li>• I am prepared to be contacted by the National Inter Deanery Transfer team to discuss this information if necessary.</li> </ul>			
Name:			
Professional status/role:		GMC no (if applicable):	
Signature:		Date:	
Address:			
Postcode:			
Phone number for queries:			

## Checklist and Supporting Documents for Criterion 2 – Primary Carer Responsibility

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

	Activity	Complete ✓
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 any alternative working arrangements including LTFT.	<input type="checkbox"/>
3.	If you are satisfied that you meet the eligibility criteria for Criterion 2, 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, signed and stamped by the Postgraduate Dean or nominee within the training region team.	<input type="checkbox"/>
5.	Complete Part 1 of Supporting Document B and forward it to the GP or Social Worker of the person you are primary carer for 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.	<input type="checkbox"/>
	If your ARCP is on e-portfolio, you can download your latest outcome into a PDF document via the e-portfolio site.  Trainees not currently on the programme will also need to provide a copy of their ARCP/RITA Outcome Form received while still on the programme.	<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>• Completed Supporting Document B</li> <li>• A completed Deanery Document</li> <li>• Your most recent ARCP Outcome Form</li> </ul>	<input type="checkbox"/>
10.	If you have any queries, please contact the National 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"/>