

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

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

Details of child(ren):			
First Name:	Surname:	Date of birth:	Age:

**Please provide FULL copies of birth or adoption certificate(s) for the children listed above when uploading evidence to the application portal. Parent(s) name(s) and the full name of the child should be detailed on the certificate.**

Please give a brief overview of your change in personal circumstances relating to your parental or guardian responsibilities.

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

<p><b>DECLARATION</b></p> <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that failure to provide the National IDT team with correct and truthful information may result in my application being withdrawn and/or referral to the GMC.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 anonymised 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 the trainee’s Educational Supervisor or Training Programme Director**

<p><b>The trainee whose details are above is applying for a transfer to a different training region due to a significant change in circumstances relating to parental/guardian responsibilities.</b></p> <p>To demonstrate that the trainee has had a change in caring responsibility for a child or children under the age of 18, they <b>must</b> submit this document, countersigned by their assigned Educational Supervisor or Training Programme Director.</p> <p>The signatory of this form <b>must</b> be the trainee’s assigned Educational Supervisor or Training Programme Director.</p> <p><b>The signatory of this form will not be able to approve or deny a transfer request but instead must be able to confirm that the information provided on page 1 of this document is accurate to the best of their knowledge.</b></p> <p>All decisions regarding a trainee’s eligibility will be taken by the National IDT team.</p> <p>Please see page 3 for declaration to be signed</p>
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<b>C</b>	<b>Supporting Document C</b> <b>Criterion 3 – Parental/Guardian Responsibilities</b> (page 3 of 3)	<b>AUG</b> <b>2022</b>
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**PART 2 – For completion by the trainee’s Educational Supervisor or Training Programme Director**

Details of <b>ES/TPD</b> :			
First Name:			
Surname:			
Position (please circle):	<b>Educational Supervisor / Training Programme Director</b>		
GMC number:			
Hospital/Site			
Address:			
		Postcode:	

**DECLARATION**

I confirm that:

- I am the trainee’s current Educational Supervisor or Training Programme Director.
- The information provided by the trainee on page 1 of this document is, to the best of my knowledge, correct and accurate.
- By signing this document, I am not approving or denying a transfer request as decisions on eligibility will be carried out by the National Inter Deanery Transfer team.

Signature:	
Print Name:	
Date:	

**TRAINEES ARE ADVISED TO CHECK THAT ALL SECTIONS HAVE BEEN COMPLETED, AND THAT A COPY OF FULL BIRTH/ADOPTION CERTIFICATES ARE SUPPLIED AND UPLOADED FOR EACH NAMED CHILD. NAMES OF PARENTS MUST BE SHOWN ON THE CERTIFICATE, ALONG WITH THE FULL NAME OF EACH CHILD.**



