D

Supporting Document D

Criterion 4 – Committed Relationship (page 1 of 3)

AUG 2018

PART 1 – To be completed by the trainee

Details of trainee:				
First Name:				
Surname:				
Address:				
Postcode:				
Details of the person with	whom you have the committed relationship:			
First Name:				
Surname:				
Address:				
Postcode:				
How has your current situa	ation changed since commencement to training?			

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Supporting Document D

Criterion 4 – Committed Relationship (page 2 of 3)

AUG 2018

PART 1 continued – To be completed by the trainee

DECLARATION

I confirm that:

- 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that failure to provide the National IDT team with correct and truthful information may result in my application being withdrawn and/or referral to the GMC.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 anonymised form for review and evaluation of the processes and outcomes of the National Inter Deanery Transfer process.

Signature:	
Print Name:	
Date:	

Part 2 – To be completed by the trainee's Educational Supervisor or Training Programme Director

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 a committed relationship.

To demonstrate that the trainee has had a change in their committed relationship, they <u>must</u> submit this document, countersigned by their current Educational Supervisor or Training Programme Director.

The signatory of this form <u>must</u> be the trainee's current Educational Supervisor or Training Programme Director.

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.

All decisions regarding a trainee's eligibility will be taken by the National IDT team

Please see page 3 for declaration to be signed

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Supporting Document D

Criterion 4 – Committed Relationship (page 3 of 3)

AUG 2018

PART 2 – To be completed by the trainee's Educational Supervisor or Training Programme Director

Details of ES/TPD :						
First Name:						
Surname:						
Position (please circ	cle):	Educational Supervisor / Training Programme Director				
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 THEIR MARRIAGE CERTIFICATE, CIVIL PARTNERSHIP CERTIFICATE OR TWO EXAMPLES OF SHARED FINANCIAL RESPONSIBILITY ARE UPLOADED.

IDT checklist for trainees applying under Criterion 4 – Committed Relationship

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

	Steps to be completed	Completed <pre> √</pre>
1.	Read <u>Trainee Guide to IDTs</u>	
2.	Discuss your circumstances with your Educational or Academic Supervisor and your training region team to explore alternative working arrangements such as LTFT.	
3.	If you are satisfied that you meet the eligibility criteria for Criterion 4, please prepare all required documents prior to completing an application form.	
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.	
5.	Complete Part 1 of Supporting Document D and forward it to your current Educational Supervisor or Training Programme Director to complete Part 2.	
	Obtain a copy of your most recent ARCP Outcome Form and ensure this has already been signed by the ARCP panel.	
6.	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.	
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.	
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.	
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 & Supporting Documents</i> which can be found here: https://specialtytraining.hee.nhs.uk/Resources-Bank Complete your application by uploading: A copy of your most recent ARCP Outcome Form A completed Deanery Document A completed Supporting Document D All relevant supporting evidence 	
10.	If you have any queries, please contact the Inter Deanery Transfer team at https://lasepgmdesupport.hee.nhs.uk/support/tickets/new?form_11=true .	