Application for Inter-Regional Transfer (IRT)

Scotland Deanery

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| Name |  |
| Primary email address |  |

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| **Contact Details** |
| Title |  |
| First name |  |
| Middle name |  |
| Last name |  |
| Preferred name |  |
| **Address** |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Postcode |  |
| Home telephone number |  |
| Mobile telephone number |  |
| Work telephone number |  |
| May we contact you at work? |  |
| Please indicate your preferred telephone number |  |
| Email address |  |
| **Personal Details** |
| GMC number |  |
| Immigration status |  |
| **Fitness to Practise declaration** |
| I am the subject of a grievance | Yes/No *(please delete as appropriate)* |
| I am the subject of a GMC investigation | Yes/No *(please delete as appropriate)* |
| I am under any criminal investigation | Yes/No *(please delete as appropriate)* |

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| **Current Placement** |
| Current region |  |
| Specialty |  |
| Year of programme |  |
| NTN/DRN |  |
| Date of commencement to training |  |
| Expected CCT/CESR date (if applicable) |  |
| Programme End date if Core Trainee |  |
| Date of most recent RITA or ARCP Review |  |
| Do you wish to complete your training flexibly (less than full time)? |  |
| **Future placement** |
| Please give details of the training which needs to be covered in order to complete your training programme (include details of any required sub-specialty or curricular special interests if applicable |  |
| Please give details on when and how your personal circumstances changed since commencing training in your current deanery programme |  |
| **Details of transfer request** |
| Please give details on why the change in location will help your circumstances |  |
| **Supporting documents** |
| Supporting Document A, B, C or D and other evidence (if required) |  |
| **Deanery Document** |
| Please upload a copy of your Deanery Document |  |
| **Evidence of most recent ARCP/RITA outcome** |
| Please upload a copy of your most recent ARCP/RITA outcome |  |
| **Declaration** |
| I agree to the above declaration - Signature |  |
| Date |  |