# GP Intra-Deanery Transfer Application Form

Please complete this form in BLOCK CAPITALS and Black Ink and submit to your current Training Programme Director. Approval of an intra-deanery transfer application does not guarantee a placement in another programme.

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| Current Training Programme: |  | **GMC Number:** |  | |
| Proposed Training Programme: |  | **NTN Number:** |  | |
| **Date of Proposed Transfer:**  **Transfer date will normally be the usual changeover date in the GP rotation (February or August)** | | dd | mm | yyyy |
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| CONTACT DETAILS: | | | |
| **Last name:** |  | **First name:** |  |
| **Current Address:**  for correspondence |  | | |
| **Postcode:** |  | | |
| **Telephone No:** |  | **Mobile No:** |  |
| **E-mail:** |  | | |

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| ASSESSMENT: |
| Have you attempted any examination components of the MRCGP? AKT  CSA  If **yes**, please give details of components attempted, dates, and results if known. |
| GMC AND OCCUPATIONAL HEALTH |
| Are you currently the subject of a GMC referral or investigation? YES  NO  If **yes**, please give details of dates, subject matter and current situation   Have you been referred to Occupational Health during your GP training? YES  NO  If **yes**, please give details of dates and reason    **Have any concerns been raised at any point during your GP training about your professional revalidation? YES**  **NO**  If **yes**, please give details of dates and reason |

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| CURRENT GPST SCHEME: | | | | | | | | | | | | |
| **Date of Appointment to GPST:** | dd | mm | yyyy | | **Expected date of completion of GPST:** | | | dd | | mm | yyyy | |
|  |  |  |  | |  | | |  | |  |  | |
| **CURRENT POST:** | | | | | | | | | | | | |
| **ST**  **Specialty:**  **Hospital**  **Practice**: | | | | Full time    Part time | | **Start date:** | |  | |  |  | |
|  | | | |  | | **Finish date:** | |  | |  |  | |
| POSTS COMPLETED AS PART OF GPST Training *Please include any periods of sick leave (over 10 days in one ST year), Maternity/Paternity leave or any approved Out of Programme (OOP)* | | | | | | | | | | | | |
| **Specialty (please include hospital or practice name):** | | If part time please supply percentage | | | **Start Date** | | | **End Date** | | | | |
|  | |  | | | dd | mm | yyyy | dd | mm | | | yyyy |
|  | | Full time  Part time | | |  |  |  |  |  | | |  |
|  | | Full time  Part time | | |  |  |  |  |  | | |  |
|  | | Full time  Part time | | |  |  |  |  |  | | |  |
|  | | Full time  Part time | | |  |  |  |  |  | | |  |
|  | | Full time  Part time | | |  |  |  |  |  | | |  |
|  | | Full time  Part time | | |  |  |  |  |  | | |  |
|  | | Full time  Part time | | |  |  |  |  |  | | |  |

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| **TRAINING REQUIREMENTS:** *Please confirm how much further training (whole time equivalent) you will require in order to complete your GP training from the proposed transfer date* | | | |
| **GP Practice Post** | 6 months | 12 months | 18 months |
| **Hospital Post** | 6 months | 12 months | 18 months |
| Are you currently training less than full time? | | YES  NO | |
| Do you wish to complete your training less than full time?  See application form and policy on the GP School website (<http://www.yorksandhumberdeanery.nhs.uk/general_practice/trainees/gp_school_policies_and_organisation/>) | | YES  NO | |

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| REASON FOR REQUESTING A TRANSFER: *You should provide a detailed case outlining your circumstances and reasons for requesting a transfer.* |
| Please highlight the reason(s) from the criteria below as applicable and give further information to support your request stating **when these changes took place / are to take place. Changes are only deemed relevant IF they occurred after the date of appointment onto the GP scheme**  You should attach a more detailed explanation of the reasons for requesting the transfer (one side of A4)  **Please ensure you provide all supplementary evidence**   1. Significant life event 2. Caring responsibilities 3. Committed relationship – e.g. Marriage, civil partnership 4. Other relationships, support networks 5. Length of Rotation 6. Impact on well being 7. Change of Location of spouse/partner (where partner has no choice in changing length or location of their employment). |

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| SIGNATURE: Please sign and date this form and submit to your current Training Programme Director | | | | |
| I hereby formally apply to transfer to       Training Programme and confirm all above information is correct. If this information is subsequently found to be untrue, this will be considered a probity issue and may be referred to the GMC. I am aware that a deanery panel will meet to review this application. I acknowledge that I have a right of appeal if the panel decides I do not meet the criteria for transfer. However I understand that even if I meet the criteria for transfer and there are no vacant posts available my application will be refused on those grounds and I do not have the right of appeal. | | | | |
| Signature …………………………………………………… | Date: | / | / |  |

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| TO BE COMPLETED BY HEYH PROGRAMME SUPPORT (before SMT consideration) | | | | |
| Latest ARCP Panel Review YES  NO  Leave Calculator (if applicable)  **YES  NO**  Other centrally held documentation **YES  NO**  If **YES**, please give details: | | | | |
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| To be completed by current Training Programme Director | |
| Please provide details of progression within GP training so far, including any issues or concerns you may wish to raise:    Do you approve and support this trainee’s application for a transfer?  If **NO**, please give reasons: | **YES  NO** |
| Signature ………………………………………………………………. Date    /    / **NAME** | |

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| To be completed by a member of the GP Senior management team after review | |
| Intra deanery transfer approved? | **YES  NO** |
| If **NO**, please state reason:  **Deputy Director Signature**  ……………………… **NAME** ………………………...Date / /  **Deputy PG Dean Signature**  ……………………… **NAME** ………………………  Date / / | |
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| To be completed by receiving Training Programme Director | | |
| Is your programme able to accommodate this intra-deanery transfer application? | | **YES  NO** |
| If **NO**, please give reasons: | | |
| If **YES**, please confirm post and start date in your GP ST Programme |  | Start date:    /    / |
| Signature ………………………………………………………………. Date    /    / **NAME:       GP ST Programme:** | | |