Click or tap here to enter text.

Inter-Foundation School Transfer (IFST)

Application Form

**Criterion 2  
Primary Carer**

March 2025

##### **Criterion 2: You are the primary carer for someone who is disabled (as defined by the Equality Act 2010) and your circumstances have changed since submitting your original Foundation Programme application or commencing your foundation training.**

**Applicants must read the “UKFP 2025 IFST Applicant Guide and complete this form electronically.**

**There are three parts to this application form.**

**Fields which have been marked with an asterisk (\*) are mandatory and an answer is required from either the applicant or supporting signatory. If a field is mandatory and is left blank, the application may be rejected by the national review panel.**

##### **PART 1: To be completed by the applicant**

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| **YOUR DETAILS** | | | | |
| **Surname \*** | Click or tap here to enter text. | | **First name(s) \*** | Click or tap here to enter text. |
| **Email address \*** | Click or tap here to enter text. | | **GMC number \*** | Click or tap here to enter text. |
| **Address \*** (this should be the address in the region you wish to transfer to, and must match your proof of address) | Click or tap here to enter text. | | | |
| Click or tap here to enter text. | | | |
| Click or tap here to enter text. | | | |
| Click or tap here to enter text. | | | |
| **Postcode \*** Click or tap here to enter text. | | | |
| **Phone number \*** | Click or tap here to enter text. | | | |
| **Medical school \*** | Click or tap here to enter text. | | | |
| **Allocated/current foundation school \*** | Choose an item. | | | |
| **Foundation school to which you are applying to transfer to \*** | Choose an item. | | | |
| **Which stage of training are you at? \*** |  | Entering FY1 in August (you do not need to complete the “Training experience” section)  Current FY1  Current FY2 (only applicable if you are not due to complete training in July) | | |

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| **TRAINING EXPERIENCE**  If you are currently a foundation doctor, or have previously undertaken foundation training, please provide details of all posts completed as part of the Foundation Programme to date. If you need to report more than 6 posts, please use the comments box at the end of this section to provide information about further posts. | | | | | |
| **Host employer** | **Specialty** | **Grade** | **Full time or less than full time** | **Start date** | **End date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. |
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| **APPLICANT SUPPORTING STATEMENT \***  Please explain **how your circumstances have changed** since applying to/commencing the foundation programme and why you are requesting a transfer to a different foundation school. You must clearly demonstrate how you meet the criteria for a transfer, including explaining **why you need to be in the specific foundation school requested**. Please include as much detail as possible.  **Maximum of 1500 characters permitted (including spaces).** | |
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| **When did your circumstances change? \***  Either exact date or month/year (depending on circumstances) will be accepted. | Click or tap to enter a date.  Or enter month/year: Click or tap here to enter text. |
| **When do you ideally wish the transfer to commence? \***  Unless you have exceptional circumstances, all transfers will commence at the start of the next training year. Either exact date or month/year (depending on circumstances) will be accepted. | |
| Click or tap to enter a date.  Or enter month/year: Click or tap here to enter text. | |
| **Do you wish to be considered for less than full time (LTFT) training?** | Choose an item. |

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| **DETAILS OF PERSON BEING CARED FOR** | | | |
| **Surname \*** | Click or tap here to enter text. | **First name(s) \*** | Click or tap here to enter text. |
| **Address \*** | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| **Postcode** Click or tap here to enter text. | | |
| **Your relationship to the person being cared for \***  For example, child, grandchild, partner | | | Click or tap here to enter text. |
| **Does the person being cared for meet the definition of disability as outlined in the Equality Act (2010)? \*** | | | Choose an item. |

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| **CARE PLAN \***  **Maximum of 750 characters permitted (including spaces).** | | |
| **Outline the care provided or what responsibility you take for the care provided. Please indicate how much of your time this takes each day/week \*** | |
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| Are you providing this care at the moment? \* | Choose an item. |
| **If no, please explain why you have to provide the care when you are in a foundation programme and what care you will be providing \*** | |
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| **Could these responsibilities be taken by anyone else? If not, why not? \*** | |
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| **Who else is involved in the care of this person e.g. other family members, social services, private carers, translation/interpreter services, primary health care team? Which local support services have been considered? \*** | |
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| **How do you plan to combine these caring responsibilities with a demanding training programme that may involve irregular working hours? Please provide as much detail as possible \*** | |
|  | |
| **What arrangements do you have in place for unexpected or planned periods where you will be unavailable e.g. If you have to do a week of nights or are asked to cover a colleague at short notice? \*** | |
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| **Additional Information** | |
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| **SUPPORTING EVIDENCE**  Please tick to confirm that you have provided each of the following documents listed below in support of your application. Applications without all of the required evidence will not be approved \* | |
| Supporting statement in part 2 of the application form from GP/Social Services/other eligible signatory confirming your role as primary carer for this person |  |
| Proof of address  (Refer to appendix 1 in the IFST guidance for the list of acceptable documents) |  |
| Foundation School Director declaration in part 3  (Only required for F1 or F2 doctors who are currently in a training programme) |  |

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| **APPLICANT DECLARATION** | |
| I confirm:   * I have explained the changes to my circumstances and how these meet the criteria. * I will email all required documentation to my foundation school before the application deadline. * The information contained within my application and the supporting documentation is correct and truthful. * I have no unresolved or outstanding cause for concern which may have been highlighted by the ARCP process. * I am not under a GMC or criminal investigation, or I have provided details of my GMC or criminal investigation by informing my current/allocated foundation school. * I understand that this information will be treated confidentially and give my permission for all the information in this application to be considered by the national IFST review panel, passed to the receiving foundation school (if my application is approved), and if necessary, to the appeals panel. * I give permission for all the information in my application to be shared with the UKFPO and relevant parties in the case of an appeal. * I give my permission for information in this application to be used in anonymised form for review and evaluation of the process and outcomes of the UKFP IFST process. * I understand that I am expected to take up any programme offered to me by the receiving school. If I decide not to take up the offered programme my IFST application will be terminated. | |
| **Applicant Signature \***  Type name or handwrite or insert signature photo file if available | Click or tap here to enter text.  [Or insert photo file below] |
| **Date signed \*** | Click or tap to enter a date. |

##### **PART 2: To be completed by supporting signatory**

## Supporting statement confirming applicant’s role as a primary carer

**The following sections in part 2 must be completed by the general practitioner or social worker of the person being cared for, in support of an application for an Inter-Foundation School Transfer to a foundation school based on personal circumstances.**The signatory must in a position to confirm they know the applicant, and that they are the primary carer for someone who is disabled (as defined by the Equality Act 2010).

This form must be completed electronically (i.e. typed answers). The signature can either be typed or handwritten or a photo file inserted.

**The signatory must:**

* be over 18
* be the current general practitioner or social worker of the person being cared for
* not be a doctor in training (of any grade up to ST8)
* not be related to the applicant by birth or marriage
* not be in a personal relationship with the applicant
* not live at the same address as the applicant.
* have known the applicant for **1 month or more.** In circumstances where this is not the case, the applicant must provide an explanation as to why their supporting signatory has not known them longer, and why an alternative signatory could not be used to support the application

Please complete and sign the sections below (**PART 2)** of this form and return it to the applicant.

Those considering this application do not require details of the disability of the person being cared for. Our concern is to know 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, for example a family, who jointly provide care for a person, are not eligible to apply under this criterion.

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| **APPLICANT DETAILS \*** | | | |
| **Surname \*** | Click or tap here to enter text. | **First name \*** | Click or tap here to enter text. |
| **Applicant’s address \*** | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| **Postcode** Click or tap here to enter text. | | |

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| **DETAILS OF PERSON BEING CARED FOR \*** | | | |
| **Surname \*** | Click or tap here to enter text. | **First name \*** | Click or tap here to enter text. |
| **Address \*** | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| Click or tap here to enter text. | | |
| **Postcode** Click or tap here to enter text. | | |
| **The applicant’s relationship to the person being cared for \***  For example, child, grandchild, partner | | | Click or tap here to enter text. |
| **Does the person being cared for meet the definition of disability as outlined in the Equality Act (2010)? \*** | | | Choose an item. |

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| **CARE GIVEN BY APPLICANT \***  Please provide brief details of the type and level of care the applicant provides to the person being cared for.  Maximum of 1500 characters permitted (including spaces) | | | | | | |
|  | | | | | | |
| **APPLICANT AS PRIMARY CARER** | | | | | | |
| **Do you consider the applicant to be currently carrying out the role of primary carer for the person being cared for? \***  If the applicant provides care for this person as part of a group of carers, e.g. a family, they are not eligible to apply under this criterion because they are not the “primary” carer | | | | | Choose an item. | |
| **DETAILS OF SUPPORTING SIGNATORY** | | | | | | |
| **Surname \*** | Click or tap here to enter text. | | **First name \*** | | Click or tap here to enter text. | |
| **Job title/profession \*** | Click or tap here to enter text. | | | | | |
| **Professional relationship to applicant \*** | Click or tap here to enter text. | | | | | |
| **Work address \*** | Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | | | |
| **Postcode** Click or tap here to enter text. | | | | | |
| **Email address \*** | Click or tap here to enter text. | | | | | |
| **How long you have known the applicant \*** | Click or tap here to enter text. | **Years** | | Click or tap here to enter text. | | **Months** |

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| **DECLARATION BY SUPPORTING SIGNATORY** | |
| I, the undersigned, confirm that:   * I am over 18 * I am not a doctor in training (of any grade up to ST8) * I am not related to the applicant by birth or marriage * I am not in a personal relationship with the applicant nor live at the same address * I have known the applicant for **1 month or more** (and if this is not the case, an explanation has been provided as to why we have not known each other longer and why an alternative signatory could not be used to support the application). * I have reviewed the IFST application that has been submitted   I further confirm that information about the applicant named above is correct and **I certify that the applicant is the primary carer of the person named above, who is my patient/client.** As such, I support the applicant’s request for consideration for an inter-foundation school transfer on the grounds of Criterion 2. | |
| **Signature \***  Type name or insert signature photo file if available | Click or tap here to enter text.  [Or insert photo file below] |
| **Date signed \*** | Click or tap to enter a date. |

##### **PART 3: To be completed by the current Foundation School Director (current foundation doctors only)**

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| **FOUNDATION SCHOOL DIRECTOR (FSD) DECLARATION**  This section ONLY needs to be completed for **current foundation doctors** who are currently in an F1 or F2 training programme. (This section does not need to be completed for new/incoming F1 doctors who haven’t started in post yet).  **This section must be completed by the Foundation School Director (or deputy FSD) of the foundation school within which the foundation doctor is currently in a training programme.** | | |
| **FSD first name \*** | Click or tap here to enter text. | |
| **FSD surname \*** | Click or tap here to enter text. | |
| **Foundation school \*** | Choose an item. | |
| **Is the foundation doctor currently on long term sick leave from the training programme?**  **Is the foundation doctor (if F1) on track to receive an outcome 1 for the F1 training year**  **I am in support of this Inter-foundation School Transfer application to another foundation school** | | Choose an item.  Choose an item.  Choose an item. |
| **Comments from FSD (optional)** | Click or tap here to enter text. | |
| **Foundation School Director’s Signature \***  Type name or handwrite or insert signature photo file if available | Click or tap here to enter text.  [Or insert photo file below]  A white square with a blue border  AI-generated content may be incorrect. | |
| **Date signed \*** | Click or tap to enter a date. | |

**Applicants are advised to check that all sections have been completed and then submit the fully completed application form and any supporting documents to their foundation school.**