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Inter-Foundation School Transfer (IFST)

Application Form

## Criterion 3 Health condition or disability

March 2025

## Criterion 3: You have a health condition (physical or mental health) or disability for which on-going treatment and follow up for the condition in the specified location is an absolute requirement, and your circumstances have changed since submitting your original application or commencing your foundation training.

**Applicants must read the “UKFP 2025 Applicant guide to the Pre-allocation application process” 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/medical school. If a field is mandatory and is left blank, the application is likely to be rejected by the national review panel.**

##### **PART 1: To be completed by 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 \*** | |
| **1) 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. \***  **Maximum of 750 characters permitted (including spaces)** | |
|  | |
| **2) Describe your health condition or disability \***  **Maximum of 750 characters permitted (including spaces)** | |
|  | |
| **3) Explain why ongoing follow-up and treatment for your condition in the specified location is an absolute requirement and why it cannot be provided in another part of the UK \*  Maximum of 750 characters permitted (including spaces)**  **Important:** Infrequent appointments can be accommodated within Foundation training and are not a reason for pre-allocation | |
|  | |
| **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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| **SUPPORTING EVIDENCE**  Please tick to confirm that you have provided each of the following documents listed below (where applicable) in support of your application. Applications without all the required evidence will not be approved | |
| Supporting statement in part 2 of the application form from the current medical specialist treating/managing the condition that:   * describes the current medical condition or disability * describes the nature of the on-going treatment and frequency * explains why it is essential for treatment or medical follow up to be accessed/delivered in a specific location, rather than by other treatment centres in the UK. |  |
| 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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| **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. | |
| **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 2: To be completed by supporting signatory**

## Supporting statement confirming that the applicant has a medical condition or disability for which treatment and on-going follow up in the specified location is an absolute requirement.

**The following sections in part 2 must be completed by the current medical specialist in support of an application for an Inter-foundation School Transfer to a foundation school based on personal circumstances.**

This section must be completed and signed by someone who can confirm they know the applicant and that they have a health condition or disability for which ongoing treatment and follow up in a specific location for the condition is an **absolute requirement.**

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 medical specialist treating the applicant and their condition
* 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.

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| **APPLICANT DETAILS** | | | |
| **Surname \*** | Click or tap here to enter text. | **First name(s) \*** | 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. | | |
| Click or tap here to enter text. | | |
| **Postcode** Click or tap here to enter text. | | |

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| **1) Describe the current health condition or disability of the applicant \***  Maximum of 700 characters permitted (including spaces) |
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| **2) Describe the nature of the ongoing treatment or follow up \***  Maximum of 700 characters permitted (including spaces) |
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| **3) Explain why it is an absolute requirement that the treatment/follow up must be delivered in the specified location \*** Maximum of 700 characters permitted (including spaces) |
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| **4) Explain clearly why the treatment and/or follow up cannot be provided in another part of the UK \***  Maximum of 700 characters permitted (including spaces) |
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| **5) What is the frequency of the ongoing follow up and appointments/treatment? \***  Maximum of 200 characters permitted (including spaces) |
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| **DETAILS OF SUPPORTING SIGNATORY \*** | | | | | | |
| **Surname \*** | Click or tap here to enter text. | | **First name(s) \*** | | Click or tap here to enter text. | |
| **Job title/profession \*** | Click or tap here to enter text. | | | | | |
| **Professional relationship with 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 the current medical specialist treating the applicant and their condition * 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 pre-allocation application that has been submitted   I further confirm that information about the applicant named above is correct and I certify that the applicant has a medical condition/disability that requires treatment and follow up in the specific location requested. As such, I support the applicant’s request for consideration for an inter-foundation school transfer on the grounds of Criterion 3. | |
| **Signature \***  Type name, 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 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*.***