**F2 Special Circumstances Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **APPLICANT DETAILS** | | | | | | | | | | | |
| **Surname:** |  | | | | | | **GMC No:** | |  | | |
| **First Name(s):** |  | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | |
| **Email Address:** |  | | | | | | | | | | |
| **Telephone No:** | Home: | |  | | | | Mobile: |  | | | |
| **F1 Programme (Trust and specialties):** | Trust: | | |  | | | | | | | |
| Specialty 1: | | |  | | | | | | | |
| Specialty 2: | | |  | | | | | | | |
| Specialty 3: | | |  | | | | | | | |
| **Allocated**  **F2 Programme (Trust and specialties):** | Trust: | | |  | | | | | | | |
| Specialty 1: | | |  | | | | | | | |
| Specialty 2: | | |  | | | | | | | |
| Specialty 3: | | |  | | | | | | | |
| **Date of commencement of F1 Programme:** | | | | |  | | | | | | |
| **Special Circumstances Criteria** | | | | | | | | | | | |
| I would like to apply for special circumstances under the following criterion: | | | | | | | | | | | |
| Criterion 1 🞎 | | Criterion 2 🞎 | | | | Criterion 3 🞎 | | | | Criterion 4 🞎 | |
| **Explanation of how your circumstances have changed since your original Foundation Programme application** (continue on another sheet if necessary): | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Description of how your new circumstances meet the Criterion you have selected** (continue on another sheet if necessary): | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Evidence:** Please list supporting documentation here and attach to your application. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Do you intend to undertake your F2 training Less Than Full Time?**  Training LTFT is subject to approval; please see our [website](https://foundation.severndeanery.nhs.uk/about-us/key-documents-policies-and-procedures/less-than-full-time-working-policy-2022/) for further details. | | | | | | | | | | | **Yes / No** |

|  |  |  |  |
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| **DECLARATION** | | | |
| The information I have presented is accurate and I agree that it can be shared with appropriate Foundation School/Trust staff | | | |
| **Signed (Foundation Doctor):** |  | **Date:** |  |

|  |  |  |  |
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| **Approved by Educational Supervisor** | | | |
| **Name:** |  | | |
| **Signed (ES):** |  | **Date:** |  |

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| **Approved by Trust FPD** | | | |
| **Name:** |  | | |
| **Signed (FPD):** |  | **Date:** |  |

Please return completed form and supporting documentation by email to: [england.sevfoundation.sw@nhs.net](mailto:england.sevfoundation.sw@nhs.net)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***For internal use*** | | | | | | | |
| Panel Members |  | | | | | | |
| Applicant confirmed as having Special Circumstances | | | Yes / No | | | | |
| If yes, state criteria | Criterion 1 🞏 | Criterion 2 🞏 | | Criterion 3 🞏 | | | Criterion 4 🞏 |
| If no, state reason |  | | | | | | |
| Applicant confirmed as requiring post in specific geographical location | | | | | Yes / No | | |
| Location Required |  | | | | | | |
| Applicant confirmed as requiring specific programme | | | | | Yes / No | | |
| Programme Required |  | | | | | | |
| Approved by |  | | | | | | |
| Signature |  | | | | Date |  | |