**F2 Special Circumstances Application Form**

|  |
| --- |
| **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** |

|  |
| --- |
| **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:** |  |

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

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

Please return completed form and supporting documentation by email to: 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 |  |