# Intra-Deanery Transfer Application Form

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| Name |  |
| Current address |  |
| Telephone number |  |
| Mobile telephone number |  |
| Email address |  |
| Date of Appointment to GPST |  |
| Current Scheme |  |
| GMC Number |  |
| Requested Scheme(s) |  |
| Do you have any geographical restrictions as to where you can work in the requested scheme(s)? If yes, please give details. |  |
| Expected date of completion of GPST |  |
| Date you wish transfer to take place |  |
| TRAINING REQUIREMENTS: *Please confirm how much further training (whole time equivalent) you will require in order to complete your GP training from the Requested transfer date(in months)* | GP |  |
| TRAINING REQUIREMENTS: *Please confirm how much further training (whole time equivalent) you will require in order to complete your GP training from the Requested transfer date(in months)* | Hospital |  |
| POSTS COMPLETED AS PART OF GP Training (*Please include any periods of sick leave (over 10 days in one ST year) and maternity/paternity leave)* Specialty (please include hospital or practice name): | If LTF time please supply percentage | Start Date | End Date |
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| * 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. Most importantly it is essential demonstrate that there is a significant and unforeseen change in personal circumstances since starting in your current training programme.
1. Significant life event
2. Caring responsibilities
3. Committed relationship – e.g. Marriage, civil partnership
4. Other relationships, support networks
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| I hereby apply to transfer to the *(indicate below)* GP training programme and confirm all above information is correct. I understand that even if I meet the criteria for transfer and the receiving scheme has no vacant posts my application will be refused on those grounds and I do not have the right of appeal. |
| Bucks | Milton Keynes | N. Oxfordshire | Oxford | Reading | Windsor |
| Signature   | Date |