Request for Special Circumstances Form

Criterion 3: Parental Responsibility

This form should be completed by those applying to Foundation Training Year programmes who wish to be considered for special circumstances, on the grounds of having parental responsibility.

Information provided on this form is confidential and will not be seen by or shared with assessors. This form has no impact on the progression of your application(s) through the recruitment process.

Supporting documentation

You must provide valid documentation that corroborates your request. In order to be valid, the documentation must be **issued by a recognised authority** and **within an appropriate time frame**.

Format - to be considered valid, the supporting documentation **must** feature:

- Letterhead/ branding
- Date of issue
- Full name of applicant
- Full name, title and qualification of signatory
- Signature of representative of recognised authority

The following supporting documentary evidence **must** be provided:

- The full version of the birth certificate (detailing parent(s) name(s)) for each child. This is to confirm that the applicant is the parent of the child(ren) they have detailed. The birth certificate must also include the full name of the child. The short version of the birth certificate which contains only the child's details will not be accepted. ***If your circumstances have changed and you are currently pregnant, we would also accept as evidence a copy of your MATB1 form and/or confirmation letter from your GP or midwife.
- For legal guardians, a copy of the legal document that confirms your status for the child named in the birth certificate. If you are a legal guardian then you may submit the short version of the birth certificate.
- Statement confirming that you have significant caring responsibilities for the child(ren). This statement must be signed by someone who is in a position to confirm they have known the applicant for at least six months and has a professional working relationship* with the applicant and child(ren) and can confirm that s/he has a significant caring responsibility for a child or children under 18.

- Proof of current address e.g. driving licence, utility bill dated within the last 3 months

*The signatory must:
- be over 18
- have a relevant professional working relationship with the applicant and their child(ren) e.g. Midwife, GP/Doctor, Head teacher, Social Worker
- 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.

Submission Details

Once completed, this form must be printed and scanned, along with all the supporting evidence and emailed to the Pharmacy Recruitment Team by going to
https://nesdigital.atlassian.net/servicedesk/customer/portal/30/group/121/create/591

All special circumstances applications will be reviewed by an eligibility panel and a decision on whether the request has been successful will be communicated to the applicant.

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ALL BOXES ON THIS FORM NEED TO BE COMPLETED

Personal Details

Surname	
First Name	
Email Address	
Oriel PIN	
Contact Telephone Number	

It is expected that you provide proof of when you and your child(ren) moved to your current address which should show that your circumstances have changed since you confirmed your preference list.

It Is expected that you and your child(ren) will remain at your current address as the alternative Training Provider arrangements we would explore would be to programmes local to that address.

If you and the child(ren) do not normally reside together, this should be referred to in the box below, and information supplied as to why the caring responsibilities remain equally significant.

Please provide details of the geographical region you are restricted to. You must also provide information of an acceptable travelling distance.

Supporting Evidence

Who is providing a written statement confirming your significant caring responsibilities for the child(ren)? *(The statement must be dated within the last 6 months OR be accompanied by an addendum that was written within the last 6 months).*		GP	☐
		Social Services Professional	☐
		Other	☐
If other, who has provided the statement?			
What type of documentation are you providing as a proof of address? *(This must be dated within the last 3 months.)*	Driving Licence	☐	Utility Bill	☐
	Bank Statement	☐	Council Tax Bill	☐
	HM Revenue & Customs document	☐	Other	☐
When did you move to this address? Date: _____				

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Checklist for Applicants

Prior to submission, please ensure that you have fulfilled all the requirements.

For your application to be eligible, you must ensure that you provide everything required by the checklist.

Special Circumstances Application Form	Provided?
Fully completed	
Scanned along with all evidence to produce a **single** document	

Full version of birth certificate (if you are a biological parent)	Provided?
Scanned along with all evidence to produce a **single** document	

Document confirming you are the legal guardian of the child(ren) named in the birth certificate(s), plus short version of the birth certificate(s)	Provided?
Scanned along with all evidence to produce a **single** document	

Written statement confirming your significant caring responsibilities	Provided?
On letter headed paper and dated	
Name, title, qualification and signature of person writing the statement included	
Is the statement dated in the last 6 months? **or** A statement **not** dated in the last 6 months **and** an up-to-date addendum provided by the signatory confirmed that the circumstances are still correct	

Proof of Address	Provided?
Proof of address provided *Acceptable evidence is driving licence, bank stat ement, HMRC document, utility bill, council tax bill*	
Proof of address dated in the last 3 months	