

Request for Special Circumstances

Criterion 2: Medical Condition or Disability

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 a medical condition or disability for which ongoing follow up for the condition in the specified location is an absolute requirement.

This should only be completed once you have contacted the NES FTY Team and submitted the proforma, which can be found within the Special Circumstances Process document.

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:

- A report written by the current medical specialist treating your condition or Occupational Health physician, on headed paper, dated within the last 6 months
- The report **must** describe:
 - The current medical condition or disability
 - The nature and frequency of the ongoing treatment
 - Reasons why the follow up treatment **cannot** be elsewhere in the UK
 - Impact on the applicant of transferring care elsewhere
- Proof of current address, e.g. driving licence or utility bill, dated within the last 3 months

Submission Details

Once completed, this form must be printed and scanned, along with all the supporting evidence and emailed to the NES Pharmacy Team via your main contact.

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, see process document for further information.

ALL BOXES ON THIS FORM NEED TO BE COMPLETED

Personal details

Surname	
First Name	
Email Address	
Oriel PIN	
Contact Telephone Number	

Do you consider yourself to have a Disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide further details regarding your medical condition or disability.		
Please provide details regarding the estimated length/ duration of your condition		
Please provide details of the geographical region you are restricted to.		
Why do you believe that it is necessary for you to undertake training in the specified region?		

Supporting Evidence

Who has written the report providing further details regarding your condition? <i>The statement must be dated within the last 6 months OR be accompanied by an addendum that was written within the last 6 months</i>

What is their role in your continued care?				
What type of documentation are you providing as a proof of address? <i>(This must be dated within the last 3 months.)</i>	Driving Licence	<input type="checkbox"/>	Utility Bill	<input type="checkbox"/>
	Bank Statement	<input type="checkbox"/>	Council Tax Bill	<input type="checkbox"/>
	HM Revenue & Customs document	<input type="checkbox"/>	Other	<input type="checkbox"/>
When did you move to this address? Date:				