

Request for Special Circumstances Form

Criterion 1: Primary Carer

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 being the primary carer of someone with a disability as defined by the Equality Act 2010.

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:

- Written statement on headed paper from a general practitioner or social services professional, dated within the last 6 months, confirming your role as **primary** carer for this person, together with **confirmation of the disability**
- Primary caring responsibilities where conditions are not classed as disabilities under the Equality Act 2010 **will not** be considered
- Care plan on headed paper from a general practitioner or social services professional. Where an official care plan is not available, details of caring responsibilities and activities should be provided, attested by the general practitioner of the person who is being cared for or Educational Health and Care Plan (EHCP) for the child being cared for or, where this is unavailable, confirmation that an assessment has taken place and that the development of the EHCP is in progress. The care plan needs to be signed and demonstrate how you will combine the responsibilities of a Trainee Pharmacist and primary carer and ensures that you have fully considered local support and resources.
- Proof of current address e.g. driving licence, 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	

Are you a designated primary carer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
For whom are you the primary carer?	Parent	<input type="checkbox"/>	Partner <input type="checkbox"/>
	Child	<input type="checkbox"/>	Sibling <input type="checkbox"/>
	Grandparent	<input type="checkbox"/>	Other <input type="checkbox"/>
If you have answered 'Other' to the above question, please provide further here. details			

Please provide details of the geographical region you are restricted to.

Supporting Evidence

Who is providing a written statement confirming your role as primary carer? <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>	GP	<input type="checkbox"/>		
	Social Services Professional	<input type="checkbox"/>		
Are you attaching a Care Plan with this form? <i>(Please note that failure to attach a Care Plan means we will not be able to consider your request).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
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:				