

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.

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:

- 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.

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.

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	

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

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.

Who is providing a written statement confirming your significant caring responsibilities for the child(ren)? <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"/>		
	Other	<input type="checkbox"/>		
If other, who has provided the statement?				
What type of documentation are you providing as a proof of address?	Driving Licence	<input type="checkbox"/>	Utility Bill	<input type="checkbox"/>
	Bank Statement	<input type="checkbox"/>	Council Tax Bill	<input type="checkbox"/>

(This must be dated within the last 3 months.)

HM Revenue & Customs document

Other

When did you move to this address? Date: _____