**Request for Special Circumstances Form**

**Criterion 1:** Primary Carer (Joint Application)

This form should be completed where more than one applicant, applying for specialty training programmes **in the same recruitment round** wish to be considered for special circumstances, on the grounds of being joint primary carers of someone with a disability (as defined by the Equality Act 2010).

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 both applicants
* 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, **or** *Supporting Evidence for Primary Carer* form confirming both applicants as **primary** carers 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 **or** *Supporting Evidence for Primary Carer* form completed and countersigned  
    
  **Where an official care plan is not available**, details of caring responsibilities and activities should be provided, attested by the general practitioner of the individual you are providing care for.
* 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 as a **single** document and emailed to [mdrs.nationalrecruitment@hee.nhs.uk](mailto:mdrs.nationalrecruitment@hee.nhs.uk)

**Please note:** Submission of multiple documents **will not** be accepted

All special circumstances applications will be reviewed by a national eligibility panel and a decision on whether the application has been successful will be communicated to the applicants.

**Request for Special Circumstances Form**

**Criterion 1:** Primary Carer

**ALL BOXES ON THIS FORM NEED TO BE COMPLETED**

**Personal Details – Applicant 1**

|  |  |
| --- | --- |
| **Surname** |  |
| **First Name** |  |
| **Email Address** |  |
| **Oriel PIN** |  |
| **Contact Telephone Number** |  |
| **GMC/GDC Registration Number** |  |
| **Specialty and Level to which you are applying\*** |  |
| **Specialty and Level to which you are applying\*** |  |
| **Specialty and Level to which you are applying\*** |  |

**Personal Details – Applicant 2**

|  |  |
| --- | --- |
| **Surname** |  |
| **First Name** |  |
| **Email Address** |  |
| **Oriel PIN** |  |
| **Contact Telephone Number** |  |
| **GMC/GDC Registration Number** |  |
| **Specialty and Level to which you are applying\*** |  |
| **Specialty and Level to which you are applying\*** |  |
| **Specialty and Level to which you are applying\*** |  |

\* *You must list all specialties and levels to which you are applying. We will only consider your application for special circumstance for specialty recruitments that you have listed on this form*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Are you both designated primary carers?** | | | | | Yes | | No | |
| **For whom are you the primary carer?** | Parent |  | Partner | | | | |  |
| Child |  | Sibling | | | | |  |
| Grandparent |  | Other | | | | |  |
| **If you have answered ‘*Other’* to the above question please provide further details here.** | | | | | | | | |
| **Please provide details of the geographical region(s) you are restricted to**  ***Please select one or more option***   |  |  |  | | --- | --- | --- | | East Midlands | North West | Yorkshire and the Humber | | East of England | South West | Northern Ireland | | Kent, Surrey and Sussex | Thames Valley | Scotland | | London | Wessex | Wales | | North East | West Midlands |  | | | | | | | | | |
| **Have either of you previously been approved for special circumstances in this recruitment year\*?**  \* Recruitment year and calendar year are different. A recruitment year commences in November. | | | | Yes | | No | | |
| **If yes, please state name and date of approval letter** | | | | | | | | |
| **Applicant Name** | | | | **Date of previous special circumstances approval** | | | | |
|  | | | |  | | | | |
|  | | | |  | | | | |

*If you have* ***both*** *already been approved for special circumstances in the current recruitment year, as long as there has been no change in your circumstances, you do not need to provide any supporting evidence. You* ***must*** *still submit the special circumstances application form*

**Supporting Evidence**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Who is providing a written statement confirming your role as primary carer?**  *(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 | |  |
| **Are you attaching a Care Plan with this form?**  (*Please note that failure to attach a Care Plan or a Supporting Evidence for Primary Carer form means we will not be able to consider your request).* | | | | | Yes | No | |
| **If yes, who has written the Care Plan?** | |  | | | | | |
| **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 | | |  |

This form must be scanned along with all supporting evidence and emailed as a **single document** to [mdrs.nationalrecruitment@hee.nhs.uk](mailto:mdrs.nationalrecruitment@hee.nhs.uk)

**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 with both applicants named |  |
| Scanned along with all evidence to produce a **single** document |  |

|  |  |
| --- | --- |
| **Written statement confirming your role as** **primary carer** | **Provided?** |
| On letter headed paper and dated or completed *Supporting Evidence for Primary Carer* form |  |
| Name, title, qualification and signature of person writing the statement or countersigning the *Supporting Evidence for Primary Carer* form 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 |  |
| Are both applicants named? |  |
| Does it state the words **primary carer?** |  |
| Does it confirm the form of **disability?** |  |

|  |  |
| --- | --- |
| **Care Plan** | **Provided?** |
| On letter headed paper and dated or completed *Supporting Evidence for Primary Carer* form |  |
| Name, title, qualification and signature of person writing the care plan or countersigning the *Supporting Evidence for Primary Carer* form included |  |

|  |  |
| --- | --- |
| **Proof of Address** | **Provided?** |
| Proof of address provided for both applicants  *Acceptable evidence is driving licence, bank statement, HMRC document, utility bill, council tax bill* |  |
| Proof of address dated in the last 3 months |  |