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.

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:

- 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 Pharmacy Recruitment Team via Pharmacy.Recruitment@nes.scot.nhs.uk

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.

Request for Special Circumstances

Criterion 2: Medical Condition or Disability

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 ☐	No ☐
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? *The statement must be dated within the last 6 months OR be accompanied by an addendum that was written within the last 6 months*				
What is their role in your continued care?				
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	

Written report from current medical specialist or Occupational Health physician	**Provided?**
On letter headed paper and dated within 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	
Name, title, qualification and signature of person writing the statement included	
States current medical condition or disability	
Confirms nature and frequency of ongoing treatment	
States reasons why continued treatment **cannot** be delivered elsewhere in the UK	
States impact on applicant of transferring care elsewhere	

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