

Foundation Training Year Special Circumstances Request

This form should be submitted to the NES Pharmacy team at nes.ftypharmacy@nhs.scot

Please do not submit any evidence or additional personal/sensitive information to this e-mail address. The team will assign an appropriate NES Pharmacy team member who will manage your request once this form has been submitted.

Name	
Email	
Telephone	
Training Year	
Training Provider	
Criterion Category:	Tick relevant box:
1) <i>Parental Responsibility</i>	<input type="checkbox"/>
2) <i>Primary carer</i>	<input type="checkbox"/>
3) <i>Medical Condition or Disability</i>	<input type="checkbox"/>