

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).

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:

- 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**

Documents that refer to main carer, carer or caring responsibilities **will not** be accepted

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 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 and emailed to the Pharmacy Recruitment Team by going to <https://nesdigital.atlassian.net/servicedesk/customer/portal/30/group/78/create/420>

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.

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Criterion 1: Primary Carer

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 ' <i>Other</i> ' to the above question, please provide further details here.				
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"/>		
If yes, who has written the Care Plan?				
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: _____				

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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 statement confirming your role as primary carer	Provided?
On letter headed paper and dated	
Name, title, qualification and signature of person writing the statement 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	
Does it state the words primary carer ?	
Does it confirm the form of disability ?	

Care Plan	Provided?
On letter headed paper and dated	
Name, title, qualification and signature of person writing the care plan included	

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