

**National School of Healthcare Science**

**Transfer of Training Application Form**

Trainees should complete and submit this form if they wish to apply to transfer their training to a different employer. Trainees should allow a minimum of 3 months for the application and transfer process to be completed.

All trainees must complete Section A and either section B **or** C depending on the reason for the application. Sections D and E are for School use only.

This form together with any evidence trainees wish to be considered must be submitted in order for the application to be considered by the Transfer Review Panel.

If you require assistance in completing this form or further advice about this procedure, please contact any of the following sources of advice:

* Your Training Officer/lead or Head of Department
* The National School of Healthcare Science [nshcs@hee.nhs.uk](mailto:nshcs@hee.nhs.uk) or 0121 695 2529

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| **Section A Personal details** | |
| **Name:** | **Email address (to be used to communicate in relation to the application):** |
| **Training programme:** | **Specialism:** |
| **Current department & employer:** | **Training officer name:** |
| **Year of entry:**  **Anticipated year of completion:** | **Training officer email:** |
| **Application Requested For (Tick which one applies):** | □ **Early employment – complete section B**  □ **Exceptional Extenuating Circumstances – complete section C** |

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| **Section B – Applications for transfer of training due to early employment** | | |
| **New post title & specialism:** | | **New Post Grade:** |
| **Name, address and contact details of new employer:** | | |
| **Proposed Start Date (if identified):** | | |
| **Length of time left to complete training programme by proposed start date (in months):** | | |
| **Required evidence to support the transfer (tick to confirm if provided):** | | |
| □ **Offer of Employment** | **Evidence (please enclose any relevant documents or supporting statement below):** | |
| □ **New employer support for training** | **Evidence (please enclose any relevant documents or supporting statement below):** | |
| □ **Training Plan** | **Evidence (please enclose any relevant documents or supporting statement below):** | |
| □ **Accreditation for training status** | **Evidence (please enclose any relevant documents or supporting statement below):** | |
| **Is current employer aware of offer of employment?** | □ **Yes**  □ **No**  **Further Comments:** | |
| **Any other relevant information** | **Evidence (please enclose any relevant documents or supporting statement below):** | |

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| **Section C: Applications for transfer of training due to exceptional extenuating circumstances.**  ***Note to be eligible, reasons provided must have occurred after commencement of training***  **Reason for request:** | |
| □ **Disability** | **Evidence (please enclose any relevant documents or supporting statement below):** |
| □ **Primary Carer Responsibilities** | **Evidence (please enclose any relevant documents or supporting statement below):** |
| □ **Parental Responsibilities** | **Evidence (please enclose any relevant documents or supporting statement below):** |
| □ **Committed Relationship** | **Evidence (please enclose any relevant documents or supporting statement below):** |
| □ **Training Quality/ Delivery** | **Evidence (please enclose any relevant documents or supporting statement below):** |
| □ **Irretrievable breakdown in professional relationship** | **Evidence (please enclose any relevant documents or supporting statement below):** |
| □ **Other** | **Evidence (please enclose any relevant documents or supporting statement below):** |
| **Section C: Details of required alternative training provider/employer.**  **Complete this section if an alternative employer has already been identified. If not please indicate which employer or region you are seek to transfer to.** | |
| **Employer name, address and contact details:** | |
| □ **Alternative employer support for training** | **Evidence (please enclose any relevant documents or supporting statement below):** |
| □ **Training Plan** | **Evidence (please enclose any relevant documents or supporting statement below):** |
| □ **Accreditation for training status** | **Evidence (please enclose any relevant documents or supporting statement below):** |

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| **Declaration** | |
| The information which I have provided regarding my transfer request is correct and complete to the best of my knowledge. I give my consent for this information to be disclosed to the relevant stakeholders and members of the National School of Healthcare Science who are responsible for considering my application. I also understand that this application will be kept on my trainee record and may be referred to at any subsequent meetings relating to my training.    **Note that fraudulent applications are taken extremely seriously by the National School of Healthcare Science and could result in your removal from the training programme.** | |
| **Signed:** | **Dated:** |

**REMAINING SECTIONS FOR SCHOOL USE ONLY:**

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| **Section D: Transfer Details and Review Panel Required** | |
| **Application:** | **Date Received:**  **Date Acknowledged:**  **Commissioning Region(s) Affected:** |
| **Training Management Panel** | **Chair:**  **NSHCS Professional Lead(s):**  **NSHCS Accreditation Lead:**  **Commissioner Lead (current employer):**  **Commissioning Lead (receiving employer):**  **Current Employer:**  **Receiving Employer:**  **Lay Representative:**  **HEE HR Representative:** |
| **Date of Review Panel:** |  |

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| **Section E: Transfer Application Outcome** | | |
| **Decision:** | □ **Application Approved** | **Justification:** |
| □ **Application Declined** | **Justification:** |
| □ **Further Information Required:** | **Justification:** |
| **Further Actions** | □ **Refer to NSHCS Work Based Accreditation Policy**  □ **Confirm date of transfer (employers)**  □ **Confirm changes to contact information and training (Trainees/employers)**  □ **Other (specify)** | |
| **Signed:**  **(Chair)** |  | |
| **Date:** |  | |