# Request for Special Circumstances Form

## Criterion 1: Primary Carer

This form should be completed by candidates applying to the Scientist Training Programme 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 candidate
* Full name, title and qualification of signatory
* Signature of representative of recognised authority

Supporting documentary evidence must be in the form of:

* Written statement on headed paper from a general practitioner or social services professional who you will have normally known for at least 6 months, confirming your role as carer for this person
* Care plan on headed paper from a general practitioner or social services professional
* 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 of the supporting evidence as a **single** document. This single document should be emailed to hcsapplicants@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 applicant.

# Request for Special Circumstances Form

## 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 |  |
| Specialism one |  |
| Specialism two (if applicable) \* |  |

\* You must list both specialisms if applying to two. We will only consider your application for special circumstance for the specialism(s) that you have listed on this form.

|  |  |  |
| --- | --- | --- |
| Are you a designated primary carer? | Yes[ ]  | No[ ]  |
| For whom are you the primary carer? | Parent |[ ]  Partner |[ ]
|  | Child |[ ]  Sibling |[ ]
|  | Grandparent |[ ]  Other |[ ]

|  |
| --- |
| Please provide details of the geographical region you are restricted to |
| If you have answered ‘Other’ to the above question please provide further details here. |

**Supporting evidence**

|  |  |
| --- | --- |
| Who is providing a written statement confirming your role as primary carer?(This must be a professional you have known for 6 months or more. The statement must be dated within the last 3 months OR be accompanied by an addendum that was written within the last 3 months). | GP |[ ]
|  | Social Services Professional |[ ]
| Are you attaching a Care Plan with this form?(Please note that failure to attach a Care Plan 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 hcsapplicants@hee.hs.uk at the time of application submission. Forms received after the application closing date will not be considered.