## Request for Special Circumstances

# Criterion 2: Medical Condition or Disability

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

Supporting documentary evidence must be in the form of:

* A report written by the current medical specialist treating your condition or Occupational Health physician, on headed paper
* The report should describe:
  + The current medical condition or disability
  + The nature of the ongoing treatment and frequency
  + Why the follow up must be delivered in a specific location rather than by other treatment centres in the UK
* 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 of the supporting evidence as a **single** document. This single document should be emailed to [hcsapplicants@hee.nhs.uk](mailto: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

# 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 |  |
| 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.

|  |  |  |
| --- | --- | --- |
| 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? | | | | |
|  | | | | |
| 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 |  |

This form must be scanned along with all supporting evidence and emailed as a single document to [hcsapplicants@hee.nhs.uk](mailto:hcsapplicants@hee.nhs.uk) at the time of application submissions. Forms received after the application closing date will not be considered.