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| **Application for an Inter-Deanery Transfer****(IDT)****DENTAL SPECIALTY TRAINEES** |
| **Trainee Full Name** |  |
| **Trainee Title** |  |
| **Training Programme / Specialty** |  |
| **National Training Number** |  |
| **GDC Number**GMC if applicable |  |
| **Grade / Year of training** |  |
| **Entry to Grade**Date |  |
| **CCST / End of Training**Date |  |
| **Address** |  |
| **E-mail Address** |  |
| **Mobile Number** |  |
| **Immigration Status** |  |
| **Most recent RCP Date**All outcome forms to date must be attached |  |
| **Reasons of application**Give a ***brief*** outline of the reasons for your application. (*A more detailed explanation (one side A4)* ***must also be attached*** *to this application)* |
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| **I formally apply to transfer to**Deanery/NHSE Region, Workforce, Training & Education (WT&E)National Education for Scotland (NES)Northern Ireland Medical & Dental Training Agency (NIMDTA)Health Education & Improvement Wales (HEIW) |  |
| **and confirm that all the information given above is correct. I understand that:****I should NOT approach the Postgraduate Dental Dean (PGDD) in the region to which I am seeking transfer directly, but that my current PGDD will do this on my behalf if s/he confirms that I have sufficient well-founded reasons for the transfer.****I need to give at least three months’ notice.****In support of my application, I attach:*** **copies of all annual review outcomes to date**
* **a detailed explanation of the reason for my request**
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| **Trainee’s Signature** |  |
| **Date** |  |
| Please return by email to England.Dental.IDT@nhs.net  |
| For IDT Panel Chair use |
| **I approve the trainee’s application to transfer and confirm that the NTN and training details given above are correct.**Please enter ‘Approved’ |  |
| **I DO NOT approve the trainee’s application.**Please enter ‘Not Approved’ |  |
| **IDT Panel Chair**  |  |
| **Signature** |  |
| **Date** |  |