

**Application for an Inter-Deanery Transfer
(IDT)
DENTAL 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 <i>brief</i> 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 / HEE Local Office	
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<p>and confirm that all the information given above is correct. I understand that: I should not approach the 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.</p> <p>I may be required to be interviewed by the PGDD in the region to which I wish to transfer and need to give at least three months notice.</p> <p>In support of my application, I attach:</p> <ul style="list-style-type: none">• copies of all annual review outcomes to date• a detailed explanation of the reason for my request
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Trainee's Signature	
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Date	
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Please return by email to the Deanery / HEE Local Office

For Office Use

I approve the trainee's application to transfer and confirm that the NTN and training details given above are correct. Please enter 'Approved'	
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I DO NOT approve the trainee's application. Please enter 'Not Approved'	
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Postgraduate Dental Dean	
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Signature	
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Date	
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