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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)* | | | |
|  | | | |
| **I formally apply to transfer to**  Deanery/NHSE Region, Workforce, Training & Education (WT&E)  NHS Education for Scotland  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:**  **Postgraduate Dental Dean (PGDD) in the region to which I am seeking transfer should not be approached.**  **I have informed my Training Programme Director (TPD) of the intention to request an inter-deanery 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** | | | |
| **Trainee’s Signature** |  | | |
| **Date** |  | | |
| Please return by email to [England.COPDEND.IDT@nhs.net](mailto:England.COPDEND.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** |  | | |