

MEDICAL STUDENT TRANSFER OF INFORMATION (TOI) FORM

The TOI form is designed to facilitate the supportive process of the transfer of information from the graduate and their medical school to the allocated foundation school.

Please read the TOI guidance notes prior to completing this form. (Guidance available via the UK Foundation Programme Office: www.foundationprogramme.nhs.uk)

Please complete every section of the form.

GENERAL INFORMATION

Name of graduate/student:	Click or tap here to enter text.			
GMC number (if known):	Click or tap here to enter text.			
Allocated Foundation School (Please select only one):				
<input type="checkbox"/> East Anglia	<input type="checkbox"/> North West London	<input type="checkbox"/> Oxford	<input type="checkbox"/> South Thames	<input type="checkbox"/> West Midlands Central
<input type="checkbox"/> Essex, Bedfordshire & Hertfordshire	<input type="checkbox"/> North West of England	<input type="checkbox"/> Peninsula	<input type="checkbox"/> Trent	<input type="checkbox"/> West Midlands North
<input type="checkbox"/> LNR	<input type="checkbox"/> Northern	<input type="checkbox"/> Scotland	<input type="checkbox"/> Wales	<input type="checkbox"/> West Midlands South
<input type="checkbox"/> North Central & East London	<input type="checkbox"/> Northern Ireland	<input type="checkbox"/> Severn	<input type="checkbox"/> Wessex	<input type="checkbox"/> Yorkshire & Humber
Allocated Employer/Trust (if known):		Click or tap here to enter text.		
Graduating medical school:		Click or tap here to enter text.		
Country of study:		Click or tap here to enter text.		
Medical school start date: <i>(Please give as month and year: mm/yyyy)</i> :			Click or tap here to enter text.	
Date (or expected date) of graduation <i>(Month and year: mm/yyyy)</i> :			Click or tap here to enter text.	

SECTION 1: HEALTH AND WELFARE

If you provide any information in this section, please ensure that you also make a corresponding declaration on your Occupational Health form which will be sent separately to you by your employer.

Q1. During your medical school training, have you experienced any of the following:

A physical or mental health condition that has affected your ability to train, or required specific supports or adjustments, or required any restriction of your training or practice	YES <input type="checkbox"/>	NO <input type="checkbox"/>
A disability, including a specific learning difficulty, which has affected your ability to train, or required specific supports or adjustments, or required any restriction of your training or practice	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any other personal circumstances that has affected your ability to train, or required specific supports or adjustments, or required any restriction of your training or practice	YES <input type="checkbox"/>	NO <input type="checkbox"/>

This form will be processed by lay administrators. You do not need to disclose a specific medical diagnosis or treatment details on this form. You should however provide sufficient information on the nature of your condition or disability to enable your Foundation School to understand how it may affect you in your clinical training or work as a doctor, and to understand your support needs. You can provide more specific medical information about yourself in confidence to your employing Trust's Occupational Health Department when you complete their health questionnaire as part of employment procedures.

If you have answered “Yes” to any of the questions above, please provide details of any functional impairment relevant to your training, any supports or adjustments which you were offered during training and which you will need during your F1 year:

Click or tap here to enter text.

Q2. Have you had any reasonable adjustments made or received any support at medical school due to your health or welfare that may need to be continued into foundation training?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

If you have selected 'yes' please provide details:

Click or tap here to enter text.

SECTION 2: EDUCATIONAL PROGRESS

Q1. Have you had any reasonable adjustments made or received any additional educational support at medical school that may need to be continued into foundation training?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

If you have selected 'yes' please provide details:

Click or tap here to enter text.

SECTION 3: PROFESSIONAL PERFORMANCE

Q1. Whilst at medical school, have you received a written warning or other sanction following an investigation into your professional behaviour or fitness to practise?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

If you have selected 'yes' to either of the above, please provide details:

Click or tap here to enter text.

Student Declaration:

I confirm that all information provided is accurate.		
Signed: Click or tap here to enter text.		Date: Click or tap here to enter text.
I agree that information in this form may be used for anonymised statistical purposes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I agree that information in Section 1 can be shared with Occupational Health without further discussion with me and that copies of my Occupational Health records from my training institution can be disclosed to the Occupational Health service in my employing NHS Trust.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Remember: Completion of the TOI form does not replace the need to specifically report any fitness to practise issues to the GMC or health issues to your employing, Local Education Providers (LEPs) HR / Occupational Health departments. These must be made via separate declarations		

Medical School Declaration:

Name of graduate/student:	Click or tap here to enter text.
Comments or additional information to support the doctor during the transition/ the F1 year:	
Click or tap here to enter text.	
On behalf of the medical school, I endorse the accuracy of the information provided in this form:	
Name: Click or tap here to enter text.	Signed: Click or tap here to enter text.
Job Title: Click or tap here to enter text.	Date: Click or tap here to enter text.