Criterion 1: You are a parent or legal guardian of a child or children under the age of 18, who reside primarily with you and for whom you have significant caring responsibilities.

**July 2023**

Application form for pre-allocation to foundation school based on personal circumstances

## Criterion 1 – parent or legal guardian

##### **PART 1: To be completed by applicant**

Applicants must read the “UKFP 2024 Applicant guide to the Pre-allocation process” and complete this form electronically.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Details** | | | | | | | |
| **Last name / Family name** |  | | | **First name** | |  | |
| **Oriel PIN** |  | | | | | | |
| **Address (this should be the address in the region you wish to be pre-allocated to, and must match your proof of address)** |  | | | | | | |
| **Post code** |  | | | | | |
| **Home tel.** |  | | | **Mobile tel** | |  | |
| **Email** |  | | | | | | |
| **Medical School** | Choose an item.  If non-UK medical school selected above, please specify: | | | | | | |
| Foundation school to which you wish to be pre-allocated (You cannot specify a specific hospital or location) | | | | Choose an item. | | | |
| **Do you wish to be considered for less than full time (LTFT) training?** | | | Choose an item. | | **Expected % WTE (if known)** | |  |

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| --- | --- | --- | --- |
| Details of Child(ren) | | | |
| **Name of Child** | | **Date of Birth** | **Age** |
|  | | Click or tap to enter a date. |  |
|  | | Click or tap to enter a date. |  |
|  | | Click or tap to enter a date. |  |
|  | | Click or tap to enter a date. |  |
|  | | Click or tap to enter a date. |  |
|  | | Click or tap to enter a date. |  |
|  | | Click or tap to enter a date. |  |
| If you have more children, please enter their details in the Applicant Supporting Statement section below. | | | |
| **Address of Child(ren)** |  | | |
|  | | |
|  | | |
| **Postcode:** |  | | |

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| **Applicant Supporting Statement**  Please use this section to provide additional relevant information (e.g., details of additional children if there were insufficient rows in the table above, explanation of reason for requesting a Foundation School region that you are not currently based in). |
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##### **PART 2: To be completed by Supporting Signatory**

**Statement confirming significant caring responsibility for a child or children in support of an application for pre-allocation to a foundation school based on personal circumstances**

Please complete this form electronically.

**This statement must be signed by someone who can confirm they know the applicant and has a professional working relationship with the child(ren) and the applicant and can confirm that they have a significant caring responsibility for a child or children under 18.**

The signatory must:

* be over 18
* have a relevant professional working relationship with the applicant and their child(ren) e.g. Midwife, GP/Doctor, Head teacher, Social Worker
* not be related to the applicant by birth or marriage
* not be in a personal relationship with the applicant
* not live at the same address as the applicant.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Details** | | | |
| **Last Name / Family Name** |  | **First Name** |  |
| **Address of Child(ren)** |  | | |
|  | | |
|  | | |
| **Postcode:** |  | | |

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| --- | --- | --- | --- |
| **Details of Supporting Signatory** | | | |
| **Last Name / Family Name** |  | **First Name** |  |
| **Professional status** |  | | |
| **Professional Working relationship with applicant and child(ren)** |  | | |
| **How long have you known the applicant?** | | (Years) | (Months) |
|  |  |
| **Address** |  | | |
|  | | |
|  | | |
| **Postcode:** |  | | |
| **Phone number**  **For queries** |  | | |
| **Email address**  **For queries** |  | | |
|  | | | |
| **Declaration by Supporting Signatory** | | | |
| I, the undersigned, confirm that:   * I am over 18 years old. * I am not related to the applicant by birth or marriage. * I am not in a personal relationship with the applicant nor live at the same address. * I have reviewed the pre-allocation application that has been submitted. * I am prepared to be contacted by the panel to discuss the information provided if necessary.   And that the applicant has a significant caring responsibility for the child(ren) under 18 named above. I confirm that information about the applicant named above is correct and I support the applicant in their application for consideration for pre-allocation to a local foundation school based on personal circumstances. | | | |
| **Signature** | | | |
|  | | | |
| **Date signed (if not date-stamped signature)** | | | | |
| Click or tap to enter a date. | | | | |

##### **PART 3: To be completed by applicant**

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| **Applicant Declaration** |
| I confirm that:   * I have attached all required supporting documentation. * The information provided in this application is factually correct and in line with the requirements stipulated. * By signing this application, I acknowledge that I have a professional obligation to be truthful and that if there are any concerns raised over the information provided, these will be raised as potential probity issues. * I understand that this information will be treated confidentially but give my permission for all the information in this application to be considered by the panel and passed to the receiving foundation school. * I give my permission for information in this application to be used in anonymised form for review and evaluation of the process and outcomes of foundation training. * I will declare my pre-allocation based personal circumstances on my STEP form.   I hereby formally apply for consideration for pre-allocation to the foundation school I have indicated. |
| **Signature** |
|  |
| **Date signed (if not date-stamped signature)** | |
| Click or tap to enter a date. | |

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| **Required Supporting Documents**   1. Copy of birth certificate(s) of the child(ren). 2. For legal guardians, a copy of the legal document that confirms your status for the child named in the birth certificate. 3. Statement confirming that you have significant caring responsibilities for the child(ren*)* from an appropriate individual who has a professional working relationship with you and the child(ren). 4. Proof of address (see appendix 3 in the Pre-allocation guidance for a list of acceptable documents). This should be the address in the region you wish to be pre-allocated to. |

**Submitting your application form**

You must attach the fully completed application form and all requested documents to your Oriel FP application form (in the “Supporting information” section). Do not email any documents related to your pre-allocation application to the UKFPO.

**Please check that all sections of this form have been completed. If you do not supply the required supporting documentation, your application will not be considered.**