## Criterion 2(a): Primary carer for someone who is disabled as defined by the Equality Act (2010)

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

## Criterion 2(a) – primary carer

**July 2023**

##### **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 person being cared for | | | |
| **Last Name / Family Name** |  | **First Name** |  |
| **Address** |  | | |
|  | | |
|  | | |
| **Postcode:** |  | | |
| **Relationship of applicant to person being cared for** |  | | |
| **Applicants are reminded that panels do not need to know confidential details of the medical condition of the person being cared for.**  **What is needed is an indication of the level of care that is being given by the applicant and the reasons why they are the primary carer.** | | | |

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| **Outline the care provided or what responsibility you take for the care provided. Please indicate how much of your time this takes each day/week.** | |
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| Are you providing this care at the moment? | Choose an item. |
| **If no, please explain why you have to provide the care when you are in a foundation programme and what care you will be providing:** | |
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| **Could these responsibilities be taken by anyone else? If not, why not?** | |
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| **Who else is involved in the care of this person e.g. other family members, social services, private carers, translation/interpreter services, primary health care team? Which local support services have been considered?** | |
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| **How do you plan to combine these caring responsibilities with a demanding training programme that may involve irregular working hours? Please provide as much detail as possible.** | |
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| **What arrangements do you have in place for unexpected or planned periods where you will be unavailable e.g. If you have to do a week of nights or are asked to cover a colleague at short notice?** | |
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| **Additional Information** | |
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##### **PART 2: To be completed by Supporting Signatory**

**Statement confirming applicant’s role as a primary carer in support of an application for pre-allocation to a foundation school based on personal circumstances.**

Please complete this form electronically.

**For completion by the general practitioner or social worker of the person being cared for by the applicant.**

**This statement must be signed by a professional who has a responsibility for the person being cared for and can confirm they know the applicant and can confirm that the applicant is the primary carer for the person detailed below *(expected to be a partner, sibling, or parent).***

The panel does **not** require details of the disability of the person being cared for.

By completing and signing this form you are confirming that the applicant is the primary carer for that person. By primarycarer, we mean the person who provides, or is responsible for the provision of care, on a daily basis.

Applicants who are part of a group, for example a family, which provides care for a person are **not** eligible to apply under this criterion.

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| **Name of applicant** |  | |
| **Name of person being cared for** |  | |
| **How long have you known the person being cared for?** | (Years) | (Months) |
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| **Please indicate whether the person being cared for meets the definition of disability as outlined in the Equality Act 2010.** | Choose an item. | |

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| **Care given by the applicant**  Please provide brief details of the type and level of care the applicant provides |
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| **Details of Supporting Signatory** | | | | |
| **Last Name / Family Name** |  | | **First Name** |  |
| **Professional status** |  | | | |
| **Professional relationship with applicant** |  | | | |
| **How long you have 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 person 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 on 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**   * Statement from GP or Social Services professional confirming your role as primary carer for this person. * Care plan. * 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 |

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| **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.** |