## Criterion 2(b): Significant caring responsibilities for a family member, partner or friend

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

## Criterion 2(b) – Significant Caring Responsibilities

**July 2023**

**IMPORTANT**: This criterion is intended to be used by applicants who have not been identified as a primary carer but have significant caring responsibilities for a family member, partner or friend.

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

Applicants must read the “UKFP 2024 Applicant Guide to the Pre-allocation application process” and then 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)** | |  |

Applicants must complete the following self-assessment and must meet ALL the criteria summarised below.

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| **Self-assessment of eligibility criteria for pre-allocation for Significant Caring Responsibilities** | | **Check** |
| 1 | I have significant caring responsibilities but am not considered to be the primary carer |  |
| 2 | I provide care over the course of a typical week and not just at weekends (that is, your caring responsibilities require you to be in the requested region on a constant basis) |  |
| 3 | My significant caring responsibilities are known to the medical school |  |
| 4 | Significant school support has been provided to allow me to continue with my course while also continuing with my significant caring responsibilities. This support should be currently in place (that is, you have an ongoing requirement for this support). |  |
| 5 | I would not be able to provide this care whilst living in any other region than the foundation school region requested |  |
| 6 | I have included proof of my UK address which is in the region local to my medical school and is where I wish to be pre-allocated (i.e the local Foundation School).  OR I have included proof of my UK address which is in a different region to that of my medical school and is where I wish to be pre-allocated  (Applicants who are requesting an allocation outside of the vicinity of their medical school are required to provide further information later in this form about why their circumstances require pre-allocation to a different region. Applicants must explain if there has been a change in circumstances since qualifying |  |
| 7 | You are a student/graduate of a UK or Republic of Ireland medical school |  |

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| **Details of person being cared for** | | | |
| **Last name / Family name** |  | **First name** |  |
| **Address** |  | | |
|  | | |
|  | | |
| **Post code:** |  | | |
| **Relationship of applicant to person being cared for** |  | | |
| **Primary carer for the person being cared for** |  | | |
| **Relationship of applicant to primary carer** |  | | |
| **Applicants are reminded that panels do not need to know confidential details of the 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 have significant caring responsibilities for the person. | | | |

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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. Describe what level of care is provided by the primary carer or others and why your contribution is required.** | |
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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:** | |
|  | |
| **Could these responsibilities be taken by anyone else? If not, why not?** | |
|  | |
| **Who else is involved in the care of this person for example 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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| **If you are requesting an allocation outside of the vicinity of your medical school you must outline the reasons for this and also provide information about any change in your circumstances since qualifying.** | |
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| **Additional Information** | |
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##### **PART 2: To be completed by supporting signatory at the applicant’s medical school**

**Statement confirming support for a pre-allocation application to a foundation school based on significant caring responsibilities for a family member, partner or friend.**

Please complete this form electronically.

**This statement should be completed and signed by an appropriate medical school member of staff who holds a senior role and is at manager level or above. The signatory must confirm that they know the applicant and that the applicant has a significant caring responsibility for a family member, partner or friend*.***

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

By completing and signing this form you are confirming that the applicant has significant caring responsibilities for the person named in PART 1, but they are not their primary carer. 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** eligible to apply under this criterion – provided **ALL** other requirements listed are met.

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| **Name of applicant** |  |
| **Medical School** | Choose an item. |
| **Relationship of applicant to person being cared for** |  |

Please tick to confirm whether according to medical school records any of the circumstances below are relevant to the applicant:

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| **Eligibility requirements for pre-allocation for significant caring responsibilities** | | **Check** |
| 1 | The applicant has significant caring responsibilities but is not considered to be the primary carer |  |
| 2 | The applicant provides care over the course of a typical week and not just at weekends (that is, their caring responsibilities require them to be in the requested region on a constant basis) |  |
| 3 | Significant caring responsibilities are known to the medical school |  |
| 4 | Significant school support has been provided to allow the applicant to continue with their course while also continuing with their significant caring responsibilities. This support should be in place currently (that is, the applicant has an ongoing requirement for this support). |  |
| 5 | The applicant would not be able to provide this care whilst living in any other region than the foundation school requested |  |
| 6 | The applicant is a student/graduate of a UK or Republic of Ireland medical school |  |
| 7 | The medical school supports the applicant’s request for pre-allocation to the region local to the medical school (i.e the local Foundation School). Or The medical school supports the applicant’s request for pre-allocation to a different region, which is not local to the medical school. (If this box has been selected, further information is required in the next section) |  |

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| **Supporting information from the medical school**  The supporting signatory **must** provide a brief summary of why the medical school supports pre-allocation on the basis of significant caring responsibilities.  **IMPORTANT**: If the applicant has requested pre-allocation to a region which is not local to the medical school, the signatory **must** provide an explanation as to why the medical school supports the request. It is expected that most applicants who require pre-allocation under this criterion will remain in the area local to their medical school because they are already undertaking their caring responsibilities whilst at medical school. Therefore, if this is not the case, further information which explains the circumstances is required.  If the medical school signatory does not provide this supporting information, this will result in the application being rejected. | | | | | |
| **Care given by the applicant - please provide brief details of the medical school’s understanding of the type and level of care the applicant provides** | | | | | |
|  | | | | | |
| **What, if any, significant support has the school provided to allow the applicant to continue their course while also continuing their caring responsibilities?** | | | | | |
|  | | | | | |
| **Any additional supporting information** | | | | | |
|  | | | | | |
| **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:   * the applicant has the significant caring responsibilities listed above * the information about the applicant is correct * according to medical school records this applicant meets the eligibility criteria for pre-allocation for significant caring responsibilities. * 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. | | | | | |
| **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**   1. Supporting statement from a suitable signatory from your medical school confirming your significant caring responsibilities are known to the medical school and significant support has been provided by the school. 2. 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.**