## Criterion 3: The applicant has a medical condition or disability for which ongoing follow up for the condition in the specified location is an absolute requirement.

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

## Criterion 3 – medical condition

**July 2023**

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

Applicants must read the “UKFP 2024 Applicant guide to the Pre-allocation application 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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| **Applicant Supporting Statement**  Describe your condition or disability and why ongoing follow-up for the condition in the specified location is an absolute requirement.  Please note that infrequent outpatient appointments can be accommodated within Foundation training and are not a reason for pre-allocation. |
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###### **PART 2: To be completed by Supporting Signatory**

**Report by the current medical specialist in support of an application for pre-allocation to a foundation school based on personal circumstances.**

A report from an Occupational Health physician can be submitted in addition to the written report from the current medical specialist treating the condition. This is optional.

Please complete this form electronically.

**This statement must be signed by someone who can confirm they know the applicant and that they have a medical condition or disability for which ongoing follow up in a specific location for the condition is an absolute requirement.**

The signatory must:

* be over 18
* be the current medical specialist treating the applicant and their condition
* 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.

Please complete and sign the report in **PART 2** of this form and return it to the applicant.

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| **Describe the current medical condition or disability of the applicant** | | | | | |
|  | | | | | |
| **Describe the nature of the ongoing treatment and/or follow up.** | | | | | |
|  | | | | | |
| **Explain why the follow up must be delivered in the specified location rather than by other treatment centres in the UK.** | | | | | |
|  | | | | | |
| **Details of Supporting Signatory** | | | | | |
| **Surname / 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** | |  | | | |

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| **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   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 due to a medical condition/disability. |
| **Signature** |
|  |
| **Date signed (if not date-stamped signature)** |
| Click or tap to enter a date. |

###### **PART 3: To be completed by the 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. A report by the current medical specialist treating your condition, in which they have:  * described the current medical condition or disability * described the nature of the ongoing treatment and frequency * explained why the follow up must be delivered in a specific location rather than by other treatment centres in the UK  1. 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. 2. Optional: Report from an Occupational Health physician. |

**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.**