##  Criterion 5(a): Educational Circumstances

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

## Criterion 5(a) – Educational Circumstances

**July 2023**

##### **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 educational circumstances** | **Check** |
| 1 | I am a student/graduate of a UK or Republic of Ireland medical school | [ ]  |
| 2 | I have repeated a clinical year of medical school for academic/educational reasons | [ ]  |
| 3 | 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). ORI 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) | [ ] [ ]  |

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| **Explain your educational circumstances during medical school and why you would benefit from completing your foundation training at the requested foundation school** |
|       |
| **If you are requesting an allocation outside the vicinity of your medical school you must provide information about why your circumstances require pre-allocation to a different region and not to the region that your medical school is in. Please also outline any change in your circumstances since qualifying.** |
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| **Additional Information** |
|       |

**PART 2: To be completed by supporting signatory at the applicant’s medical school**

**Statement confirming support for an application for pre-allocation to a foundation school based on educational circumstances.**

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 the specific educational circumstances described below*.***

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| **Name of applicant** |       |
| **Medical School** | Choose an item.  |

Check the boxes to confirm that the applicant meets the eligibility requirements for pre-allocation for educational circumstances:

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| --- | --- |
| **Eligibility requirements for pre-allocation for educational circumstances** | **Check** |
| 1 | The applicant has needed to repeat a clinical year of medical school for academic/educational reasons |[ ]
| 2 | The applicant is a student/graduate of a UK or Republic of Ireland medical school | [ ]  |
| 3 | The medical school supports the applicant’s pre-allocation to the region local to the medical school (i.e the local Foundation School).OrThe medical school supports the applicant’s 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 educational circumstances.**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 support the request. It is expected that most applicants who require pre-allocation for educational circumstances will remain in the area local to their 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. |
|       |
| **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 educational circumstances listed above
* the information about the applicant is correct
* according to medical school records this applicant meets the eligibility criteria for pre-allocation for educational circumstances
* 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 completed pre-allocation application and I am prepared to be contacted by the panel to discuss the information provided if necessary.
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| **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 you have the educational circumstances listed in the eligibility requirements.
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.
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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.**