## Criterion 5(b): Widening Participation

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

## Criterion 5(b) – Widening Participation

**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)** | |  |

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 based on Widening Participation** | | **Check** |
| 1 | I can demonstrate that I entered medical school through a Widening Participation/Widening Access initiative or scheme (for example, Gateway courses or contextual admissions) |  |
| 2 | I have been formally granted financial support during my time at medical school, for example through a means tested bursary to support my studies or a hardship loan |  |
| 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.  OR I have included proof of my UK address which is in the region that my family home is in, and is where I wish to be pre-allocated |  |
| 4 | I am a student/graduate of a UK or Republic of Ireland medical school |  |

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| **Applicant supporting statement**  Applicants must provide any additional information about their circumstances which they would like taken into account for their pre-allocation application. |
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**PART 2: To be completed by supporting signatory at the applicant’s medical school**

**Statement confirming Widening Participation status in support of an application for pre-allocation to a foundation school.**

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 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 based on Widening Participation:

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| **Eligibility requirements for pre-allocation based on Widening Participation** | | **Check** |
| 1 | The applicant entered medical school through a Widening Participation/Widening Access initiative or scheme (for example, Gateway courses and contextual admissions) |  |
| 2 | The applicant has been formally granted financial support during their time at medical school, for example through a means tested bursary to support their studies or a hardship loan |  |
| 3 | Is a student/graduate of a UK or Republic of Ireland medical school |  |
| 4 | The medical school supports the applicant’s pre-allocation to the region local to the medical school (i.e the local Foundation School). Or The medical school supports the applicant’s pre-allocation to a different Foundation School region, which is the region that the family home is in. |  |

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| **Supporting information from the medical school**  The supporting signatory must provide any additional information about the applicant’s circumstances which should be considered for their pre-allocation application. | | | | | |
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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:   * the applicant has the Widening Participation circumstances listed above * information about the applicant named above is correct * according to medical school records this applicant meets the eligibility criteria for pre-allocation based on Widening Participation * 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 you have the Widening Participation 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. |

**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.**