**Reapplication to foundation training**

All applicants who have previously been removed or have already resigned from a two-year foundation training programme are responsible for ensuring this form is completed by the appropriate person/s and submitted as part of their Eligibility Office application.

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **Applicant GMC Number:** |  |
| **Applicant PIN Number: (if known)** |  |
| **Applicant Email Address: (used to apply on Oriel)** |  |
| **Foundation School where foundation training was previously undertaken** |  |
| **Reason for leaving foundation training programme** | Removal / Resignation  *Delete as appropriate* |

**Removal/Resignation from foundation training – applicant to complete**

Please detail the reasons/issues relating to your removal/resignation and explain how these have been resolved in order to recommence foundation training.

Unless otherwise stated, the remaining sections should be completed by the person who has direct knowledge of your training where you previously undertook foundation training. If you have undertaken foundation training in more than one Foundation School, this should be completed by the Foundation School where your removal/resignation from training took place.

|  |  |  |
| --- | --- | --- |
| **Foundation Training History – to be completed by your previous Foundation School**  Where more than one year of foundation training has been completed, please ensure that a separate entry is made for each year of training. | | |
| **Training Level** | **Start date** | **End date** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **ARCP History – to be completed by your previous Foundation School**  Please ensure that each ARCP issued is entered, even if multiple outcomes were issued for the same year of training.  *Additional rows can be added, if needed* | | |
| **Training Level** | **Date of Issue** | **ARCP Outcome** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Removal/Resignation from foundation training – trainer to complete**  Please detail the reasons for the trainee’s removal or resignation from the training programme. | | |
|  | | |

|  |  |
| --- | --- |
| **Declaration by trainer:**  I confirm I was previously involved with this applicant’s foundation training and I am aware of the issues that resulted in them leaving,  I am supportive of them reapplying for training ☐  I am not supportive of them reapplying for training ☐ | |
| **Please state reasons for support/ non-support of reapplication:** | |
| **Signed:** |  |
| **Name:** |  |
| **Date:** |  |
| **Role in trainee’s previous training:**  *e.g. Educational Supervisor / Foundation Training Programme Director/Tutor* |  |
| **Foundation School:** |  |

|  |  |
| --- | --- |
| **Foundation School Directors declaration:**  I confirm that I am the Foundation School Director in the Foundation School where the applicant previously undertook training. I have read the reasons why the trainee left the programme and the reasons why the named signatory is/is not supportive of their reapplication to the Foundation Programme and:  I am supportive of them reapplying for training ☐  I am not supportive of them reapplying for training ☐ | |
| **Applicant’s Name:** |  |
| **Signed:** |  |
| **Name:** |  |
| **Date:** |  |
| **Role:** |  |
| **Foundation School:** |  |

Once fully signed, this form should be returned to the applicant who **must** submit it to [helpdesk@foundationprogramme.nhs.uk](mailto:helpdesk@foundationprogramme.nhs.uk) by the closing date for applications. Failure to provide this by the deadline may result in an application being withdrawn.

Please note, no other evidence will be accepted as evidence of support/non-support for reapplication to foundation training.