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F2 Stand-alone programme recruitment 2023

**Reapplication to Foundation Training**

All applicants who have previously been removed or have already resigned from foundation training (either a two-year Foundation Programme or a one-year stand-alone F2 programme) are responsible for ensuring this form is completed by the appropriate person/s and submitted as part of their F2 Stand-alone programme application.

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| **Applicant Surname** |  |
| **Applicant Forename(s)** |  |
| **Applicant GMC Number** |  |
| **Foundation School where foundation training was previously undertaken** |  |
| **Reason for leaving foundation training programme** | Removal  Resignation |

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| **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 |
|  |

**The remaining sections must be completed by either the Foundation School Director or the Foundation Training Programme Director at the Trust/hospital or Foundation School where you previously undertook foundation training. The Foundation School Director must also complete and sign the last section.   
  
If you have undertaken foundation training in more than one Foundation School, this must be completed by the Foundation School where your removal/resignation from training took place.**

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| **Foundation Training History – to be completed by your previous Foundation School Director OR Foundation Training Programme Director**  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 (F1 or F2)** | **Start date** | **End date** |
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| **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 (F1 or F2)** | **Date of Issue** | **ARCP Outcome** |
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| **Removal/Resignation from foundation training – Foundation School Director OR Foundation Training Programme Director to complete**  Please detail the reasons for the trainee’s removal or resignation from the training programme. | | |
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| **Declaration by Foundation Training Programme Director (if FTPD has completed this form):**  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:** |  |
| **Foundation School:** |  |

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| **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 | |
| **Foundation School Directors name:** |  |
| **Signed:** |  |
| **Date:** |  |
| **Foundation School:** |  |

**Once fully completed and signed, this form should be returned to the applicant who must email it to the UKFPO team at** [**helpdesk@foundationprogramme.nhs.uk**](mailto:helpdesk@foundationprogramme.nhs.uk) **by the national deadline for applications.   
  
Failure to provide this form by the deadline may result in the application being withdrawn.**

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