## Criterion 2: Significant caring responsibilities for a family member, partner or friend

**September   
2024**

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

## Criterion 2 Significant Caring Responsibilities

**IMPORTANT**: **This criterion should be used by applicants who have either significant OR primary caring responsibilities. There is no longer a separate criterion which applicants who are primary carers should apply under. Applications based on primary caring responsibilities should also be made under criterion 2.**

Applicants must read the “UKFP 2025 Applicant Guide to the Pre-allocation application process” and then complete this form electronically.

There are three parts to this application form.

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

Fields which have been marked with an “**\***” are mandatory and an answer is required from either the applicant or supporting signatory/medical school. If a field is mandatory and is left blank, the application is likely to be rejected by the national review panel.

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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?**  (This question is optional. If you aren’t sure yet if LTFT is right for you, please leave this box empty. You will be able to discuss LTFT with your allocated foundation school and apply for it at a later point). | | | Choose an item. | | **Expected % WTE (if known)** | |  |

Applicants must complete the following self-assessment and must meet ALL the criteria below in order to be eligible under this pre-allocation criterion.

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| **Self-assessment of eligibility criteria for pre-allocation for Significant Caring Responsibilities** \* | | **Check** \* |
| 1 | I have significant caring responsibilities |  |
| 2 | I provide care over the course of a typical week and not just at weekends (that is, your caring responsibilities require you to be in the requested region on a constant basis) |  |
| 3 | My significant caring responsibilities are known to the medical school |  |
| 4 | Significant school support has been provided to allow me to continue with my course while also continuing with my significant caring responsibilities. This support should be currently in place (that is, you have an ongoing requirement for this support). |  |
| 5 | I would not be able to provide this care whilst living in any other region than the foundation school region requested |  |
| 6 | I have included proof of my UK address which is in the foundation school region within which the person being cared for currently lives.  It is expected that your caring responsibilities are current, and therefore that you are already living (or have an address) in the locality of the person you are caring for. |  |
| 7 | You are a student/graduate of a UK or Republic of Ireland medical school |  |

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| **Details of person being cared for** | | | |
| **Last name / Family name** \* |  | **First name** \* |  |
| **Address** \* |  | | |
|  | | |
|  | | |
| **Post code** \* |  | | |
| **Relationship of applicant to person being cared for** \* |  | | |
| **Who is the primary carer for the person being cared for? \*** |  | | |
| **Relationship of applicant to primary carer** \* |  | | |
| **Applicants are reminded that panels do not need to know confidential details of the condition of the person being cared for.**  **What is needed is an indication of the level of care that is being given by the applicant and the reasons why they have significant caring responsibilities for the person.** | | | |

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| **1) Please describe the care that is required, and what responsibility you take for the care provided. \***  Maximum of 500 characters permitted (including spaces) | |
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| **2) Please indicate how much of your time this takes each day/week. \***  Maximum of 500 characters permitted (including spaces) | |
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| **3) Describe what level of care is provided by the primary carer (if this is not you) or others and why your contribution is required. \***  Maximum of 500 characters permitted (including spaces) | |
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| **Are you providing this care at the moment? \*** | Choose an item. |
| **4) If no, please explain why you will need to begin providing the care when you are in a foundation programme and what care you will be providing.** **\***  Maximum of 500 characters permitted (including spaces) | |
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| **5) Could these responsibilities be taken by anyone else? If not, why not? \***  Maximum of 500 characters permitted (including spaces) | |
|  | |
| **6) Who else is involved in the care of this person for example other family members, social services, private carers, translation/interpreter services, primary health care team? Which local support services have been considered?** **\***  Maximum of 500 characters permitted (including spaces) | |
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| **7) How do you plan to combine these caring responsibilities with a demanding training programme that may involve irregular working hours? Please provide as much detail as possible.** **\***  Maximum of 500 characters permitted (including spaces) | |
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| **8) What arrangements do you have in place for unexpected or planned periods where you will be unavailable e.g. If you have to do a week of nights or are asked to cover a colleague at short notice?** **\***  Maximum of 500 characters permitted (including spaces) | |
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| **9) If you are requesting an allocation outside of the vicinity of your medical school you must outline the reasons for this and also provide information about any change in your circumstances since qualifying.** **\***  Maximum of 500 characters permitted (including spaces) | |
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##### **PART 2: To be completed by medical school supporting signatory**

**Statement confirming support for a pre-allocation application to a foundation school based on significant caring responsibilities for a family member, partner or friend.**

This form must be completed electronically (i.e. typed answers) The signature can either be typed or handwritten.

**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 a significant caring responsibility for a family member, partner or friend*.***

The panel does **not** require details of the disability/condition of the person being cared for.

By completing and signing this form you are confirming that the applicant has significant caring responsibilities for the person named in PART 1

Applicants who are primary carers should also apply under this criterion.

Applicants who are part of a group, for example a family, which provides care for a person are also eligible to apply under this criterion.

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| **Name of applicant** \* | |  | | | | | |
| **Medical School** \* | | Choose an item. | | | | | |
| **Relationship of applicant to person being cared for** \* | |  | | | | | |
| **Details of supporting signatory** | | | | | | |
| **Last name / Family name** \* |  | | | **First name** \* |  | |
| **Job/role title at medical school** **\*** |  | | | | | |
| **Professional relationship with applicant** \* |  | | | | | |
| **How long you have known the applicant? \*** | | | | (Years) | | (Months) |
|  | |  |
| **Email address \*** | | |  | | | |

**Please tick to confirm whether according to medical school records the circumstances below are relevant to the applicant, and therefore the applicant is eligible to apply under this pre-allocation criterion:**

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| **Eligibility requirements for pre-allocation for significant caring responsibilities** \* | | **Check** \* |
| 1 | The applicant has significant caring responsibilities |  |
| 2 | The applicant provides care over the course of a typical week and not just at weekends (that is, their caring responsibilities require them to be in the requested region on a constant basis) |  |
| 3 | Significant caring responsibilities are known to the medical school |  |
| 4 | Significant school support has been provided to allow the applicant to continue with their course while also continuing with their significant caring responsibilities. This support should be in place currently (that is, the applicant has an ongoing requirement for this support). |  |
| 5 | The applicant would not be able to provide this care whilst living in any other region than the foundation school requested |  |
| 6 | The applicant is a student/graduate of a UK or Republic of Ireland medical school |  |
| 7 | The medical school supports the applicant’s request for pre-allocation to the foundation school/region within which the person being cared for currently lives. It is expected that the applicant’s caring responsibilities are current, and therefore that they are already living (or have an address) in the locality of the person being cared for. |  |

**Supporting information from the medical school**

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| **IMPORTANT: The medical school/supporting signatory should not complete and sign the declaration box in support of this application if they are not able to provide sufficient information about the adjustments or support that has been put in place for the applicant by the medical school and a clear explanation which states why the medical school supports pre-allocation under this criterion.** | |
| **1) Is the medical school already aware of the applicant’s significant caring responsibilities? \***  Maximum of 700 characters permitted (including spaces) | |
| Choose an item. | |
| **Comments (optional)** Maximum of 700 characters permitted (including spaces) |  |
| **2) If answer above is yes, how long as the medical school been aware of the applicant’s caring responsibilities? \*** | |
| Choose an item. | |
| **3) Please provide brief details of the medical school’s understanding of the type and level of care the applicant provides over the course of a typical week \***  Maximum of 700 characters permitted (including spaces) | |
|  | |
| **4) Have adjustments or significant support been put in place by the medical school to enable the applicant to continue with/complete their course whilst also continuing their caring responsibilities? \*** | |
| Choose an item. | |
| **If answer above is “Yes”, please explain what these adjustments were, or the support provided. OR If answer above is “No”, please explain if adjustments and/or support was offered and not taken up by the applicant, or why the medical school did not or could not offer any adjustments/support to the student. \***  Maximum of 700 characters permitted (including spaces) | |
|  | |
| **5) Please explain why the medical school supports pre-allocation to the requested foundation school for this applicant.**  **If the applicant has not had any adjustments or support put in the place for them by the medical school a clear explanation is required as to why the medical school supports their pre-allocation application under this criterion. \***  Maximum of 700 characters permitted (including spaces) | |
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| **6) If the applicant has requested pre-allocation to a region which is not local to the medical school, please explain why the medical school supports the request. \***  (It is expected that most applicants who require pre-allocation under this criterion will remain in the area local to their medical school because they are already undertaking their caring responsibilities whilst at medical school. Therefore, if this is not the case, further information which explains the circumstances is required.)  Maximum of 700 characters permitted (including spaces) | |
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| **7) Any additional supporting information (optional)**  Maximum of 700 characters permitted (including spaces) |
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| **Declaration by Supporting Signatory** |
| I, the undersigned, confirm that:   * the applicant has the significant caring responsibilities listed above * the information about the applicant is correct * according to medical school records this applicant meets the eligibility criteria for pre-allocation for significant caring responsibilities. * 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 am not a doctor in training of any grade (up to ST8) * I have known the applicant for **1 month or more** (and if this is not the case, an explanation has been provided as to why we have not known each other longer and why an alternative signatory could not be used to support the application). * I have reviewed the pre-allocation application that has been submitted.   I confirm that the information provided about the applicant named above is correct and I (on behalf of the medical school) support this student’s application for pre-allocation to a foundation school based on their personal circumstances and significant caring responsibilities. |
| **Signature \*** |
|  |
| **Date signed (if not date-stamped signature) \*** |
| Click or tap to enter a date. |

**PART 3: To be read and understood by the applicant**

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| **There is no declaration and signature section for the applicant to sign and date on this application form. The declaration that applicants accept when submitting their main Foundation Programme application on Oriel will apply also to the completion and submission of the pre-allocation application.**   * Applicants are advised to read and check the below statements before uploading their pre-allocation application and submitting their foundation programme application on Oriel. * I have attached all required supporting documentation. * The information provided in this application is factually correct and in line with the requirements stipulated. * 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. |

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| **Required supporting evidence**  Proof of address (see appendix 1 in the Pre-allocation guidance for a list of acceptable documents).  This must:   * match the address provided by you on your application form, which is in the foundation school region that you need to be pre-allocated to * be in your full name (first name and surname) * be dated/issued within the last 3 months prior to the close of the national application window (refer to [application timeline](https://foundationprogramme.nhs.uk/programmes/2-year-foundation-programme/ukfp/ukfp-2025-application-timeline/) for this date) |

**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.**