## Criterion 5(a): Educational Circumstances

**September   
2024**

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

## Criterion 5(a) Educational Circumstances

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 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 eligibility 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).  OR I 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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| **1) Explain your educational circumstances during medical school and why you would benefit from completing your foundation training at the requested foundation school \*** Maximum of 750 characters permitted (including spaces) |
|  |
| **2) If you are requesting an allocation outside the vicinity of your medical school please explain why your educational 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. \***  Maximum of 750 characters permitted (including spaces) |
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**PART 2: To be completed by medical school supporting signatory**

**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). Or The 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 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 for educational reasons.  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.  Maximum of 1500 characters permitted (including spaces) | | | | | |
|  | | | | | |
| **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 \*** | |  | | | |
| **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 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 completed pre-allocation application that has been submitted. | | | | | |
| **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 documents**  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.**