##  Criterion 5(b): Widening Participation

**September
2024**

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

## Criterion 5(b)Widening Participation

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 other/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 based on Widening Participation \*** | **Check \*** |
| 1  | I have 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 |[ ]

**PART 2: To be completed by medical school supporting signatory**

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

Please complete this form electronically.

**This section 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).OrThe 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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| **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 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 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.

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| **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)
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**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.**