## Criterion 1: You are a parent or legal guardian of a child or children under the age of 18, who reside primarily with you and for whom you have significant caring responsibilities.

**August   
2025**

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

## Criterion 1 Parent or legal guardian

Applicants must read the [UKFP 2026 Applicant guide to the Pre-allocation process](https://foundationprogramme.nhs.uk/programmes/2-year-foundation-programme/ukfp/pre-allocation/) and complete this form electronically. An optional checklist is also available on the UKFPO website.

There are three parts to this application form.

Fields which have been marked with a red asterisk (**\***) are mandatory and must be completed.If a mandatory field is left blank, the application is likely to be rejected by the national review panel.

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

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| **APPLICANT DETAILS** | | | | | | |
| **Last name/Family name \*** |  | | **First name(s) \*** | |  | |
| **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. |  | | | | | |
| **Postcode \*** |  | | | | | |
| **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 \* **Important:** 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)** | | Click or tap here to enter text. |

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| DETAILS OF CHILD(REN) | | | |
| **Name of child \*** | | **Date of birth \*** | **Age \*** |
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| **Please provide the current home address of your child(ren) \*** |  | | |
| **Postcode \*** |  | | |

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| **APPLICANT SUPPORTING STATEMENT** |
| This section should be completed by applicants who need to provide **additional relevant information** to help the panel understand their full circumstances, such as the examples below:   * details of additional children if there were insufficient rows in the table above * explanation of your relationship and connection to the child(ren) if you are not the mother/father and the legal evidence you have provided to support this (e.g. parental responsibilities order). * if it is not clear from the role/job title of your supporting signatory how they know your child(ren) in a professional capacity, please provide information below to explain the context of their professional working relationship with your child(ren).   **Maximum of 1500 characters permitted (including spaces).** |
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##### **PART 2: To be completed by Supporting Signatory**

**Statement confirming significant caring responsibility for a child or children in support of an application for pre-allocation to a foundation school based on personal circumstances.**

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

**This statement must be signed by someone who can confirm they know the applicant and has a professional working relationship with the child(ren) and can confirm that they have a significant caring responsibility for a child or children under 18.**

The signatory must:

* be over 18
* have a relevant professional working relationship with the child(ren) e.g. teacher, headteacher, pre-school/nursery manager, midwife, GP/doctor, social worker
* not be a doctor in training of any grade (up to ST8)
* not be related to the applicant by birth or marriage
* not be in a personal relationship with the applicant
* not live at the same address as the applicant.
* have known the applicant for **1 month or more.** In circumstances where this is not the case, the applicant must provide an explanation as to why their supporting signatory has not known them longer, and why an alternative signatory could not be used to support the application

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| **APPLICANT DETAILS** | | | | | | |
| **Last Name/Family Name \*** |  | | **First Name \*** | | |  |
| **Address of applicant \*** |  | | | | | |
| **Postcode \*** |  | | | | | |
| **DETAILS OF SUPPORTING SIGNATORY** | | | | | | | |
| **Last Name/Family Name \*** | |  | **First Name \*** | |  | | |
| **Job title/profession \*** | |  | | | | | |
| **Professional working relationship with child(ren) \*** | |  | | | | | |
| **How long have you known the applicant/parent/legal guardian? \*** | | **Years \*** | | **Months \*** | | | |
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| **How long have you known the child(ren)? \*** | | **Years \*** | | **Months \*** | | | |
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| **Work address \*** If work address is the same as home address, please explain the reason for this. | |  | | | | | |
| **Postcode \*** | |  | | | | | |
| **Email address \*** | |  | | | | | |
| **DECLARATION BY SUPPORTING SIGNATORY** | | | | | | | |
| I, the undersigned, confirm that:   * I am over 18 years old * I have a relevant professional working relationship with the child(ren) * 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, the applicant has provided an explanation 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 information about the applicant and child(ren) named above is correct and I support the applicant in their application for consideration for pre-allocation to a local foundation school based on personal circumstances.** | | | | | | | |
| **Signature \***  **Inked, typed and electronic signatures are accepted.** | | | | | | | |
| [Or insert electronic signature below] | | | | | | | |
| **Date signed (if not date-stamped signature) \*** | | | | | | | |
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##### **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 personal circumstances on my STEP form.   I hereby formally apply for consideration for pre-allocation to the foundation school I have indicated. |