Click or tap here to enter text.

August 2025

Application form for pre-allocation to foundation school based on primary caring responsibilities

**Criterion 2  
Primary Carer**

##### **Criterion 2: You are the primary carer for someone who is disabled (as defined by the Equality Act 2010)**

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 the applicant**

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| **YOUR DETAILS** | | | | | | |
| **Last name/family name** \* |  | | **First name(s) \*** | |  | |
| **Oriel PIN** |  | | | | | |
| **Email address \*** |  | | | | | |
| **Address \*** This should be the address in the region you are applying for pre-allocation to and must match your proof of address. |  | | | | | |
|  | | | | | |
| **Postcode \*** |  | | | | | |
| **Phone/mobile number** |  | | | | | |
| **Medical school \*** | Choose an item.  If other/non-UK medical school selected above, please specify: | | | | | |
| **Foundation School to which you are applying for pre-allocation to \***  **Important:** You cannot specify a specific hospital or location.Applicants applying under criterion 2 can only apply and be pre-allocated to the foundation school local to their UK medical school, to reflect the current circumstances.   Applicants who are applying via the Eligibility route, can only apply for pre-allocation under this category to the foundation school area within which both they and the person they are caring for are already living, to reflect the current circumstances. | | 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. | | | Yes   No | **Expected % WTE (if known)** | |  |

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| **DETAILS OF THE PERSON BEING CARED FOR** | | | | |
| **Last name/family name** \* |  | **First name(s) \*** | |  |
| **Address \*** |  | | | |
|  | | | |
| **Postcode \*** |  | | | |
| **What is your relationship to the person being cared for? \***  For example: daughter, son, grandchild, partner | | |  | |
| **Does the person being cared for meet the definition of disability as outlined in the Equality Act (2010)? \*** | | | Yes   No | |

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| **CARE PLAN \*** | |
| **Please explain the care that is required for the person named above, and as the person currently carrying out the role of primary carer, how much of this care is currently provided by you. \***  Maximum of 700 characters permitted (including spaces) | |
|  | |
| **Please indicate how much of your time this currently takes each day/week \***  Maximum of 700 characters permitted (including spaces) | |
|  | |
| **How long have you been the primary carer for this person (months/years) \*** | |
| **Years \*** | **Months \*** |
|  |  |
| **Is anyone else involved in the care of this person e.g. other family members, social services, private carers, translation/interpreter services, primary health care team? Which local support services have been considered? \***  Maximum of 700 characters permitted (including spaces) | |
|  | |
| **Could the caring responsibilities that you are currently carrying out be undertaken by (or shared with) anyone else?  If not, please explain why there are no other family members or support network available to help provide care. \***  Maximum of 700 characters permitted (including spaces) | |
|  | |
| **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 700 characters permitted (including spaces) | |
|  | |
| **What arrangements do you have in place for unexpected or planned periods where you will be unavailable? \***  **For example, if you have to do a week of nights or are asked to cover a colleague at short notice?**  Maximum of 700 characters permitted (including spaces) | |
|  | |
| **If your supporting signatory has not known you for 1 month or more, please explain why this is the case and why an alternative signatory could not be used to support the application.**  Maximum of 700 characters permitted (including spaces) | |
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##### **PART 2: To be completed by supporting signatory**

## Supporting statement confirming applicant’s role as a primary carer

**The following sections in part 2 must be completed by the General Practitioner, social worker or care-coordinator of the person being cared for. They must confirm that they know you, and that you are currently carrying out the role of primary carer for someone who is disabled (as defined by the Equality Act 2010).**

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

**The signatory must:**

* be over 18
* be the current general practitioner, social worker or care coordinator of the person being cared for
* 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

**Please complete and sign the sections below (PART 2) of this form and return it to the applicant.**

Those considering this application do not require details of the disability of the person being cared for. Our concern is to know that the applicant is the primary carer for that person.   
  
**Applicants who are part of a group, for example a family, who jointly provide care for a person, are not eligible to apply under this criterion.**

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| **APPLICANT (PRIMARY CARER) DETAILS \*** | | | | |
| **Surname \*** |  | | **First name \*** |  |
| **Applicant’s address \*** | |  | | |
|  | | |
| **Applicant’s postcode\*** | |  | | |

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| **DETAILS OF PERSON BEING CARED FOR \*** | | | |
| **Surname \*** |  | **First name \*** |  |
| **Address \*** |  | | |
|  | | |
| **Postcode \*** |  | | |
| **The applicant’s relationship to the person being cared for \***  For example, daughter, son, grandchild, partner | | |  |
| **Does the person being cared for meet the definition of disability as outlined in the Equality Act (2010)? \*** | | | Yes   No |

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| **CARE GIVEN BY APPLICANT (PRIMARY CARER) \***  **Please provide brief details of the type and level of care the applicant provides to the person being cared for.**  Maximum of 750 characters permitted (including spaces). | |
|  | |
| **APPLICANT AS PRIMARY CARER** | |
| **Definition of “Primary Carer”** A primary carer is generally defined as the person who provides the majority of the day-to-day care and support to an individual who is unable to fully care for themselves, due to illness and/or disability. This person is typically the one who handles the bulk of the caring responsibilities, such as assisting with personal care, medication, or other practical needs.  For the purpose of the pre-allocation application process, it is expected that the applicant/ primary carer would be providing day-to day care, over the course of a typical week and not just at weekends. Their caring responsibilities would require them to be in the requested location on a constant basis. | |
| **According to the definition above, do you consider the applicant to be currently carrying out the role of primary carer, for the person being cared for? \***  If the applicant provides care as part of a group of carers, e.g. a family, they are not eligible to apply under this criterion because they are not the ‘primary’ carer. | Yes   No |

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| **DETAILS OF SUPPORTING SIGNATORY** | | | | |
| **Surname \*** |  | **First name \*** | |  |
| **Job title/profession \*** |  | | | |
| **Professional relationship to applicant \*** |  | | | |
| **Work address \*** |  | | | |
|  | | | |
| **Postcode \*** |  | | | |
| **Email address \*** |  | | | |
| **How long have you known the applicant/primary carer? \*** | **Years \*** | | **Months \*** | |
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| **How long have you known the patient/person being cared for? \*** | **Years \*** | | **Months \*** | |
|  | |  | |

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| **DECLARATION BY SUPPORTING SIGNATORY** | |
| I, the undersigned, confirm that:   * I am over 18 * I am the current GP/social worker/care-coordinator of the person being cared for * I am not a doctor in training (of any grade up to ST8) * 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 have known the applicant for **1 month or more** (and if this is not the case, an explanation has been provided by the applicant 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 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 due to primary caring responsibilities. | |
| **Signature \***  **Typed, inked and electronic signatures are accepted** | [Or insert electronic signature below] |
| **Date signed \*** |  |

**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. |