## 

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

## Criterion 3 Health condition or disability

**August   
2025**

## Criterion 3: The applicant has a health condition or disability for which ongoing follow up for the condition in the specified location is an absolute requirement.

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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |  | | | |
| **Postcode \*** |  | | | |
| **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 \* **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 field 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)** | |  |

|  |
| --- |
| **APPLICANT SUPPORTING STATEMENT** |
| **Describe your health condition or disability \***  Maximum of 750 characters permitted (including spaces) |
|  |
| **Explain why ongoing follow-up and treatment for your condition in the specified location is an absolute requirement and cannot be provided in another part of the UK. \***  **Important:** Infrequent outpatient appointments can be accommodated within Foundation training and are not a reason for pre-allocation.  Maximum of 750 characters permitted (including spaces) |
|  |
| **If you have had adaptations made at home for a disability (in addition to ongoing treatment), please explain what these are. This question can be left unanswered if not applicable.**  **Important:** Applications which require pre-allocation solely on the basis of remaining in adapted housing (and your health condition does not also require ongoing healthcare treatment) must be submitted under criterion 4 Extraordinary Circumstances.  Maximum of 750 characters permitted (including spaces) |
|  |

**PART 2: To be completed by Supporting Signatory  
  
The following sections in part 2 must be completed by the healthcare specialist who is currently involved with directly treating the applicant’s health condition or disability, in support of pre-allocation to a foundation school based on these circumstances.**

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

**The signatory is required to:**

* describe your current health condition (physical or mental health), or disability
* describe the nature of the ongoing specialist treatment
* confirm the frequency of the ongoing specialist treatment
* explain why the follow up treatment must be delivered in a specific location rather than by other treatment centres in the UK, and why this is an absolute requirement.

**The signatory must:**

* be over 18
* be the current specialist treating the applicant and their condition
* 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUPPORTING SIGNATORY STATEMENT** | | | | | |
| **Describe the current health condition or disability of the applicant \***  Maximum of 700 characters permitted (including spaces) | | | | | |
|  | | | | | |
| **Describe the nature of the ongoing treatment and/or follow up \***  Maximum of 700 characters permitted (including spaces) | | | | | |
|  | | | | | |
| **When did the treatment begin? Please provide the date, month and year. \*** | | | | | |
|  | | | | | |
| **What is the frequency of the ongoing follow up appointments/treatment? \***  Maximum of 500 characters permitted (including spaces) | | | | | |
|  | | | | | |
| **How long do you anticipate the treatment to last? If an end date is known, please provide this. \***  Maximum of 500 characters permitted (including spaces) | | | | | |
|  | | | | | |
| **Explain why it is an absolute requirement that the follow up must be delivered in the specified location \***  Maximum of 700 characters permitted (including spaces) | | | | | |
|  | | | | | |
| **Explain clearly why the treatment and/or follow up cannot be transferred or provided in another part of the UK \***  Maximum of 700 characters permitted (including spaces) | | | | | |
|  | | | | | |
| **If the request is for the applicant’s treatment to be transferred to another healthcare provider in a different part of the UK (instead of continuing with treatment in the current location), please explain why this transfer is absolutely necessary for medical reasons, and why. Please clearly explain why the treatment must not continue in the existing location.** (This question can be left unanswered if not applicable).  Maximum of 700 characters permitted (including spaces) | | | | | |
|  | | | | | |
| **DETAILS OF SUPPORTING SIGNATORY** | | | | | |
| **Surname / Family Name \*** |  | | **First Name \*** |  | |
| **Job title /profession \*** |  | | | | |
| **Professional relationship with applicant \*** |  | | | | |
| **How long you have known the applicant? \*** | | | **Years \*** | | **Months \*** |
|  | |  |
| **Work address \*** | |  | | | |
| **Postcode \*** | |  | | | |
| **Email address \*** | |  | | | |

|  |
| --- |
| **DECLARATION BY SUPPORTING SIGNATORY** |
| I, the undersigned, confirm that:   * I am over 18 * I am the current healthcare specialist treating the applicant and their condition * 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 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 a health condition or disability. |
| **Signature \* Typed, inked and electronic signatures are accepted.** |
| [Or insert electronic signature below] |
| **Date signed (if not date-stamped signature) \*** |
|  |

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

|  |
| --- |
|  |
| **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. |