**CLINICAL MEDICAL STUDIES AT UNIVERSITY COLLEGE LONDON**

**APPLICATION FORM FOR MEDICAL STUDENTS AT UCL**

For additional information please see our website: <https://www.ucl.ac.uk/medicalschool/undergraduate/mbbs-admissions/mbbs-transfers>

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| **Proposed year of admission to Clinical Course** | **2017** |

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| **SECTION 1:** To be completed by the applicant in BLOCK CAPITALS | |
| **Surname:** | **Forenames (in full):** |
| **Title:** (Mr, Miss, Dr etc) | **Date of Birth:** |
| **Nationality:** | **Male / Female** |
| **Home Address:** | |
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| **Postcode:**  **Home Email[[1]](#footnote-1):** | |
| **Home Telephone Number:** | |
| **Term Time Address:** | |
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| **Postcode:** | |
| **Term Time Telephone Number:** **Mobile Number:** | |
| **University Email Address:** | |
| **Proposed source of financial support *(include name of Local Authority if appropriate)*:** | |
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| **What is your current fee status?** Home / EU / Overseas | |
| **Are you currently registered as a medical student?** Yes / No | |
| **Are you applying to any other clinical medical schools?** **Yes / No** | |

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| **SECTION 2:** Most recent secondary schools attended since age 11: | | | | | | | | | | | | | | | | | | | | | | |
| *From:* Month / Year | | | | *To:* Month / Year | | | | | | School / College | | | | | | | | | | | | |
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| Number of GCSE or equivalent passes: | | | | | | | | | | | | | | | | | | | | | | |
| Grade A\*: | | | | Grade A: | | | | | Grade B: | | | | | | Grade C: | | | Grade D - E: | | | | |
| Subjects passed in GCE A Level, AS Level or equivalent: | | | | | | | | | | | | | | | | | | | | | | |
| Month | Board | | Subject | | | | Grade | | | | | | Month | Board | | Subject | | | | Grade | | |
| / Year | A | | | | AS | | / Year | A | | AS |
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| University or College: | | | | | | | | | | | | | | | | | | | | | | |
| *From:*  Month / Year | | *To:*  Month / Year | | | University / College | | | | | | | | | | | | | | | | | |
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| University examination results: | | | | | | | | | | | | | | | | | | | | | | |
| Degrees/Diplomas *Applicants must state their end of year exam results and attach an academic transcript.* | | | | | | | | | | | | | | | | | | | | | | |
| Exam sat (please enter below) | | | | 1st  attempt  Pass/Year | | Re-sit 1  Pass/Year | | Exceptional Resit  Pass/Year | | | | Exam sat continued (please enter below) | | | | | 1st  attempt  Pass/Year | | Re-sit 1  Pass/Year | | Re-sit 2  Pass/Year | |
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|  | | | |  | | To be confirmed prior to admission. | | | | | |  | | | | |  | |  | |  | |
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| University examinations still to be taken: | | | |
| Month / Year | Subject / Options / Courses  *(Include Supplementary Subjects)* | Month / Year | Subject |
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| Academic prizes, research projects and subjects of special interest: | | | |
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| Extracurricular interests, activities and positions of responsibility: *Please complete this section clearly in your own handwriting.* | | | |
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| Practical experience of healthcare, e.g. hospital, general practice or work with the disabled/elderly/disadvantaged: | | | |
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**The closing date for receipt of applications from Colleges is 4th January in the year of intended admission.**

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| **STUDENT DECLARATION:** |
| I declare that I do **not** have any criminal convictions or police cautions and that there are no current criminal proceedings  in place against me. |
| I confirm that I understand the conditions of application and that the information which I have given in this application is complete and true. |
| I give my consent to the processing of my data by UCL |
| **Signature of Applicant:** **Date:** |

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| **SECTION 4 - CONFIDENTIAL REPORT - for completion by an academic tutor** | | | | | |
| **4.1 Personal attributes – please consult others who are familiar with the student, either as tutor or mentor. Please include information about: personal organisation, punctuality, reliability, motivation, commitment to medicine as a career, academic achievement and performance, personal qualities including interpersonal and team-working skills.** | | | | | |
|  | | | | |
| **4.2 Conduct** | | | | | |
| *Please tick* ***one*** *box:* | | | | | |
|  | **The University has no record of any disciplinary action of any sort against this student.** | | | | |
|  | **Disciplinary measures have been taken against this student and details are supplied in a separate letter.** | | | | |
| **Signature:** | | | **Date:** | | |
| **Name of referee:**  **(BLOCK CAPITALS)** | | | **Telephone No.:** | | |
| **College Position:** | | | **Email:** | | |
| SECTION 5 – FITNESS FOR MEDICAL PRACTICE DECLARATION | | | | | |
| *To be completed by a* ***medically-qualified*** *tutor;* | | | | | |
| Once they have graduated, medical students may be provisionally registered with the GMC.  For this reason, it is important that students whose health or conduct may lead them to be a risk to patients should not be allowed to graduate with a registerable degree. Please attach a confidential letter of explanation if there are concerns about a student’s health or conduct. | | | | | |
| ***I confirm / do not confirm*** *that I consider this student’s personal conduct, physical and mental health to be fit for admission to UCL Medical School and subsequently for practice in the medical profession.[[2]](#footnote-2)* | | | | | |
| **Signature:** | | | **Date:** | | |
| **Name of Referee:**  **(BLOCK CAPITALS)** | | | **Qualifications:** | | |
| **University Position:** | | | **Email or Tel. No.:** | | |
| **Address for submission of completed forms**:  Clinical School Transfers  UCL Medical School  Undergraduate Centre  Level 3 Highgate Wing  Whittington Hospital  Dartmouth Park Hill  London N19 5JG | |  | |  | | |

1. Different to university e-mail address [↑](#footnote-ref-1)
2. Please delete as necessary- please attach a confidential letter of explanation if there are concerns about a student’s health or conduct. [↑](#footnote-ref-2)