**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:**  |
|       |
| **Postcode:**  **Home Email[[1]](#footnote-1):**       |
| **Home Telephone Number:**  |
| **Term Time Address:**  |
|       |
|       **Postcode:**  |
| **Term Time Telephone Number:** **Mobile Number:**  |
| **University Email Address:**  |
| **Proposed source of financial support *(include name of Local Authority if appropriate)*:**  |
|       |
| **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 |
|       |       |       |
|       |       |       |
| 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 |
|       |       |       |
|       |       |       |
| 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  attemptPass/Year | Re-sit 1Pass/Year | Exceptional ResitPass/Year | Exam sat continued (please enter below) | 1st  attemptPass/Year | Re-sit 1Pass/Year | Re-sit 2Pass/Year |
|  |       |       |       |  |       |       |       |
|  |       |       |       |  |       |       |       |
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|  |       |       |       |  |       |       |       |
|  |       | To be confirmed prior to admission. |  |       |       |       |
|  |  |  |  |  |       |       |       |
|  |  |  |  |       |       |       |
|  |  |  |  |       | 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 |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| 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.** |
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| **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 TransfersUCL Medical SchoolUndergraduate CentreLevel 3 Highgate WingWhittington HospitalDartmouth Park HillLondon 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)