

Application form

MSC Summer Schools

Completion of the form

The form suggested requires completion from the young person and from the teacher. We are anticipating that any parental/guardian consent will take place during confirmation stage. Gender, ethnicity and disability information will be collected once a place has been confirmed stage. We will not collect this data at application.

The application form

Annex 1 details the questions for inclusion within an application form, it includes provision for:

* Personal information (completed by the young person)
* Academic information
* Teacher information

Annex 1

MSC Summer Schools

Application form 2019

Applicant name: [NAME]

Once completed please return the form to [CONTACT WITHIN HOST MEDICAL SCHOOL]

Part 1 – Young person information

First name, last name:

Name of school or college:

Home address, postcode:

Mobile number:

Email address:

Home number:

Parent/carer telephone number:

Parent/carer email address:

* Have you spent time in local authority care? Yes, No, Don’t know, Prefer not to say
* Are you a young carer? Yes, No, don’t know, prefer not to say
* Has either of your parents got a university degree from either the UK or abroad? Yes, No, Don’t know
* Are you a refugee or asylum seeker? Yes, No, prefer not to say, Don’t know
* Are you eligible for free school meals? Yes, No, Don’t know
* Are you estranged (living without family support)? Yes, No, Don’t know, prefer not to say

What do you want to achieve from attending the MSC Summer School? [150 word limit]

Declaration

The information provided is true and correct. I understand that in providing incorrect information any offer of a place of a summer school can be revoked. I am happy for this data to be shared with the teacher who will provide further information.

Signature and date:

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Part 2 – Teacher information

Teacher’s name and role:

School address and postcode:

Telephone number:

Email address

* The average A-level requirement to study medicine is three As (which normally include two sciences) however, there are adjusted offers from BBC. Please tick to confirm that you believe the student has the potential to achieve the academic qualifications necessary for medicine.
* Please tick to confirm that to your knowledge the information provided by the student is correct.
* Please tick to confirm that you believe the student will benefit from the summer school.

Declaration

I have checked the details on the application form (part 1) and confirm they are correct.

I am recommending this student because they meet the criteria for a place and would benefit from participating

Signature and date:

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