Hull York Medical School
Intercalated Degree BSc (Hons) Medical Science

Application Form entry

This form is for use by students wishing to apply for admission to a full time HYMS Intercalated Degree. This form should NOT be used for any other course applications.

Please read the attached guidance notes carefully before completing the application form.
Please complete in BLOCK CAPITALS, in black ink, or typescript.
All fields must be completed and failure to complete some fields may result in a delay in processing.
There is no payment required to submit/complete this application.

1 PERSONAL DETAILS		Title		Male (M) Female (F)		Date of Birth	
Surname/Family name		First/given name(s)					
Postal/Home address							
						Postcode	
Mobile phone number		Home Phone number					
Email							
Area of permanent residence		Country of birth		Nationality			
Date of first entry to live in UK		Criminal conviction (see guidance notes)		Yes/No	Disability (see guidance notes)		
Source of funding (see guidance notes)							

2 PROGRAMME DETAILS			
	Department	Project title	Project supervisor
1st choice			
2nd choice			
3rd choice			

3 COLLEGE, UNIVERSITY OR OTHER INSTITUTION EDUCATION					
From		To		College/University/Other Institution name and address	FT/PT
Month	Year	Month	Year		

4 QUALIFICATIONS					
Month	Year	Awarding body	Subject/Unit/Module/Component	Level/ Qualification	Result/ Grade

5 EMPLOYMENT HISTORY					
From		To		Name and address of employer	Nature of work and job title
Month	Year	Month	Year		

6 PERSONAL STATEMENT

Please use this section to tell us about why you have decided to apply to study an intercalated BSc, what you hope to gain from it and why you have chosen the department(s) and course(s)

7 REFERENCES			
Name of first referee			
Job title			
Address			
Phone number		Email	
Relationship to applicant			

Name of second referee			
Job title			
Address			
Phone number		Email	
Relationship to applicant			

8 APPLICANT DECLARATION			
I confirm that the information given on this form is true, complete and accurate and no other material information has been omitted. I give my consent to the processing of my data by the University of York.			
Signature		Date	

Intercalated Degree BSc (Hons) Medical Science

Notes on completing the application form

Please read the following guidance carefully before completing your application.

Section 1 – Personal Details
This section requires you to provide your personal details.

Area of permanent residence/Country of birth/Date of first entry to live in UK/Nationality - You should note that if we are uncertain about your fee status we may contact you and ask you to complete a questionnaire which will provide us with more information. This questionnaire can be downloaded at:
http://www.york.ac.uk/admin/uao/ugrad/money/feestatus.htm

Disability – In this field you should select from the following codes (If you do not complete this section we will have to assume that you have no disability):

Disability code	Disability description
0	No disability
1	Learning difficulty
2	Blind/partial sight
3	Deaf/partial hearing
4	Wheelchair/mobility
6	Mental health
7	Unseen disability
8	Multiple disabilities
9	Other disability
10	Autistic disorder/Asperger Syndrome

We have an explicit policy of providing support for students with disabilities and believe that these students should have access to the full range of academic, cultural and social activities the University offers. Therefore, we will take all reasonable steps to meet both the general need for access and the specific needs of individuals with additional support needs.

Disabled students, as all other students, are accepted on the basis of academic attainment and potential to benefit from the programme to which they have applied. Applicants who have additional support needs are advised to make these known as soon as possible, so that any special arrangements can be planned in advance.

Criminal Conviction – In this field you should specify whether you have a relevant criminal conviction. Relevant criminal convictions are only those convictions for offences against the person, whether of a violent or sexual nature, and convictions for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1972) are not considered to be relevant and you should not reveal them.

It is our policy to ask all applicants who disclose a relevant criminal conviction to provide further information as part of its duty of care. This information will be assessed for the potential risk of harm to others prior to us making any offer of admission. Applicants to specific Departments may be required to obtain a satisfactory enhanced disclosure from the Criminal Records Bureau (CRB) or Disclosure Scotland.

If you are convicted of a relevant offence after you have applied, you must inform the Hull York Medical School immediately in order for the risk assessment process to be followed.

Source of funding – In this field you should specify whether you are self-financing or whether you have a direct sponsor.

Please do not submit an application unless you are confident in getting the necessary finances to cover tuition fees and living expenses. Please indicate who you expect to pay your tuition fees. All offers are subject to the student having funding to support their studies.

"Self financing" means that you will be financed from your own or other private resources and will pay your tuition fees when you register.

"Direct Sponsor" means that you know that a government, public body or industrial company will be responsible for the direct payment of your tuition fees. Please give the name and address of that body. At least 6 weeks before registration you will be required to provide written confirmation from your sponsor that they will pay your tuition fees for that session, e.g. home students provide your offer letter from the Student Loans Company. You will not be permitted to register without advance written confirmation of your sponsorship or payment of fees.

Section 2 – Programme Details
Please indicate the department you wish to study with, the potential research title you will undertake and your potential research supervisor. You can check the programmes that are available at http://www.hyms.ac.uk/undergraduate/about-hyms-bsc.aspx It is expected that you will have already contacted your intended department and supervisor to discuss your potential application.

Section 3 – College, University or other Institution
Please give the full names and addresses of all institutions that you have attended since leaving School.

Section 4 – Qualifications
Please list all Degrees & Diplomas and any other qualifications obtained since leaving school, including professional qualifications. You should provide details of your current MBBS. You should also include details of all courses started, whether or not the course was completed. You must include any courses in which you were not successful so that the Admissions Tutor has a full record of your academic history.

Proof of completed qualifications must be submitted. You should also arrange for a transcript from your current institution showing grades/scores received to date and your ranking within your year group. Please also include an explanation of the grading system used by your institution. Only certified copies (stamped by the awarding institution) are acceptable. Please note that as we cannot guarantee that certificates or transcripts can be returned, you are advised to keep a copy.

If providing an official translation into English also provide a certified copy of the certificate as issued in the first language.

Section 5 – Employment History
Please include details of your employment history including the name/address of the employer and the nature of the work and your job title.

Section 6 – Personal Statement
Please use this section to tell us about why you have decided to apply to study an intercalated BSc, what you hope to gain from it and why you have chosen the department(s) and course(s).

Section 7 – References

In the box provided on the application form enter the name and full postal address of the two referees. You should be aware that the University may contact your referees to clarify any details of your application and in order to confirm authenticity of references. If further information is required the University may ask you to arrange for further references to be provided.

Please send a reference request form to the two people who are stated on your application who have agreed to write a reference for you. You should ensure that your application form reaches us before the forms are returned by the referees. (Sealed references may be returned with this application form if you wish). References may alternatively be sent on business headed paper. All references must be less than 3 months old, written and signed by the referee and carry an official stamp. Character/personal references are not accepted. At least one reference must be from someone who knows

you in an academic context and is qualified to comment on your suitability for your chosen course of study. Emailed references are not accepted. References must be originals.

Section 8 – Applicant Declaration

Signing this declaration confirms that the information you have given is true, complete and accurate and that no other material information has been omitted. It also gives your consent to the Hull York Medical School processing your data.

For any further information regarding the Hull York Medical School Intercalated Degree programme you should contact: Victoria Hill, Email: intercalatedbsc@hyms.ac.uk

For more information of the application process for Intercalated Degree programme you should contact: Admissions Team Email: pgtadmissions@hyms.ac.uk,

Please return completed forms electronically to pgtadmissions@hyms.ac.uk, along with any additional relevant documents and references.