

Foundation Programme Commencing August 2010 Medical School Dean's Statement For Academic Foundation Programmes

Note for Applicants:

Applicants from UK medical schools with a graduation date after 01 August 2008:

A copy of this document, completed by your Medical School Dean, should be sent to each of the foundation schools to which you are applying no later than the closing date of their local application period. Please check the foundation schools websites for further information about local academic application processes. **The original completed Deans Statement should be retained and supplied on request during interviews or pre-employment checks.**

All other applicants for an Academic Foundation Programme commencing August 2010:

Please have this form completed by your Medical School Dean. You should request that the completed form is returned to you so that it can be included with your eligibility documentation, which must be returned to the UKFPO's Eligibility Office between 08 June and 26 June 2009. Only the completed original of the current version of this form will be accepted by the Eligibility Office. Scanned, photocopied or old versions of this form will not be accepted.

Instructions for Medical School Deans completing this form

This form has been sent to you by a medical student/recently qualified doctor who wishes to apply for an academic post in the two-year UK Foundation Programme beginning in August 2010. This form must be completed by the applicant's Medical School Dean (or the Dean's nominated representative or the equivalent official to the Dean) and returned to the applicant **as soon as possible**. If the applicant does not have this form available during the academic recruitment process, they will not be eligible to apply.

Please ensure that all sections of this form are completed, including the applicant's full name on both pages.

I confirm that _____ (applicant's full name)

is/was a student at _____ Medical School.

His/her date of **qualification** (not date of graduation) will be/was _____.

Primary Medical Qualification

(Please note: This section is not required if the applicant has evidence of a current academic International English Language Testing System (IELTS) certificate with a minimum score of 7.5 in each of the domains: speaking, listening, reading and writing.)

I confirm that the entire primary medical qualification undertaken by the student named above was taught in English.

Yes No

I confirm that all examinations undertaken by the applicant during his/her primary medical qualification were in English.

Yes No

I confirm that the applicant's primary medical qualification included a significant amount of contact with patients in English.

Yes No

Please tick the following boxes as appropriate

I give permission for the applicant named above to apply for an academic post in the two-year UK Foundation Programme starting in August 2010.

Yes No

I confirm that the applicant is/was of good standing at this medical school and is considered fit to practise medicine in accordance with UK General Medical Council's (GMC) Fitness to Practise requirements as described in the [GMC's Good Medical Practice \(2006\)](#).

Yes No

Declaration

With reference to: _____
(applicant's full name)

I hereby declare that the information given for this applicant in this statement is true and I understand that I may be contacted by the UKFPO's Eligibility Office or by the relevant foundation school to verify this information.

PLEASE PRINT IN BLOCK CAPITALS

Signed	Stamp/Seal of School
Name	
Date	
Position	
Medical School	
Address	
Country	
Tel	
Fax	
E-mail	
Mobile Phone	