

Statement by the applicant's medical school dean

Applicants applying for the two-year UK Academic Foundation Programme must complete this form. It demonstrates the essential requirements of the Dean's permission to apply and the provision of an academic ranking from the medical school.

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 brought with you to the interview.

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 _____.

Please tick the following boxes as appropriate

I give permission for the applicant named above to apply to the two year Academic UK Foundation Programme for 2009.

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) (http://www.gmc-uk.org/guidance/good_medical_practice/index.asp).

Yes No

I confirm that throughout medical training, this applicant has undertaken instruction, examination and more than 50% of clinical contact with patients in English.

Please note: this is not required if the applicant has evidence of a current Academic IELTS 7.5 or above as stated in the eligibility criteria.

Yes No

ACADEMIC RANKING

Please tick ONE of the following boxes and provide any additional information as requested.

EITHER

I am unable to provide a verifiable academic ranking for this applicant in the manner required by the UK national foundation applications process

OR

I confirm that I have followed the agreed manner in providing a verifiable academic ranking for this applicant by:

a) Compiling the overall academic performance for all final year students/graduates in the applicant's class.

b) Dividing the class into four equal sized groups based on that academic performance.

c) Assigning the students an academic ranking based on the academic group they fall into. If the students are in the top academic group they receive a rank of 1st, the second group a rank of 2nd, the third group a rank of 3rd and the fourth group a rank of 4th.

Please provide below the number of medical students in this applicant's final year group and the applicant's academic position and quartile rank:

Total number of students in the applicant's final year group at medical school	
The applicant's academic position in his/her final year group, based on his/her performance during the medical degree (e.g. 16 th)	
The applicant's quartile rank within his/her final year group i.e. 1 st , 2 nd , 3 rd , 4 th	

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 Eligibility Office 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		