



School of Medicine

Thank you for applying to the MBBS/MPAS programme at UCLan. We are pleased to be able to invite you to the Multiple Mini Interviews (MMIs). Please read the information below carefully as it contains all the information required in preparation for this event.

- Verification of ID – please bring an up to date form of identification
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Multiple Mini Interview (MMI) – each stage of the MMI will consist of 2 minutes preparation followed by 5 minutes of interview time with a trained assessor. Topics will include amongst others communication skills, ethics and professionalism, logic and reasoning and team working. These tasks will not require any knowledge or skills that are outside of the scope of a candidate who has met the selection panel criteria, but rather are designed to evaluate the wider abilities expected of MBBS students

Please note that selection process is highly competitive. No applicant will be offered a place without be interviewed in person.

There is also further information regarding the MMIs on our website (useful links – MBBS Multiple Mini Interview Guidance):

https://www.uclan.ac.uk/courses/bachelor_medicine_bachelor_surgery.php

UK Based Interview Schedule and Guidance

It is essential that you bring along photographic identification along with a passport sized photograph (this will remain on file).

The day will consist of (in no particular order):

- A presentation from the School of Medicine
- MMI
- University campus and accommodation tour

International Based Interviews

Dubai/Botswana – It is essential that you bring along photographic identification along with a passport sized photograph (this will remain on file).

For applicants being interviewed in Dubai or Botswana the day will consist of:

- Presentation by the School of Medicine staff
- MMI
- Q&A

Travel Information

Further travel information and directions can be found on our website at www.uclan.ac.uk/maps Please note that car parking on campus is extremely limited and you are advised to either travel by public transport or use the public car parks in Preston City Centre if possible. If anyone has a particular need to park on Campus, please contact us at least 48 hours prior to interview on 01772 892066 quoting ADMIS 20/21 and we will try to arrange this. In these cases, if the car park space is not booked 48 hours before your interview you will not be able to use the University car park. If you have a disability and need special arrangements, please mention this when booking a space.

Additional Information

If you have a disability, please contact us if you require adjustments for the interview or you would benefit from an additional information interview to discuss the support you will need on the course.

School of Medicine

Good Character Assessment Form



PART A (To be completed only by applicants wishing to apply for a place on the Course)

Section 1 Personal Details

1.1 Name

1.2 Any former name(s) (first/surnames)

Section 2 Fitness to Practise proceedings with other regulatory bodies

2.1 Have you ever had a finding made against you by a regulatory body or are you currently being investigated by a regulatory body?

Please ✓ appropriate box

Yes		No	
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If the answer to the above question is 'Yes' please complete Part C, Section 1.

Section 3 Criminal proceedings

3.1 Have you ever been charged with or found guilty of any criminal offence either in this country or in any other country or received a police caution, bind over, reprimand or final warning or equivalent? Are any criminal proceedings against you currently in progress or are you currently being investigated in respect of a criminal offence?

Please include all offences – even if you believe that these have ‘lapsed’ or have been informed that they will ‘lapse’.

Please note that you must declare everything, including motoring offences, whenever and wherever the matters occurred.

Please ✓ appropriate box

Yes		No	
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If the answer to the above question is 'Yes' please complete Part C, Section 2. Failure to disclose an offence may lead to a 'Fitness to Practise' hearing and if necessary, removal from the programme

3.2 If you have resided in the UK in the last 5 years and wish to take up an offer of a place on the MBBS you will need to complete an Enhanced Disclosure and Barrign Service (DBS) check if you are offered and take up a place on the course.

Have you resided in the UK for any time in the past 5 years? If yes we will contact you prior to enrolment with details of the documentation you will need to provide for the check.

Please ✓ appropriate box

Yes		No	
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Section 4 Health

The Professional Body governing the practice of medicine, The General Medical Council, has specific requirements relating to the protection of both staff and patients. All successful applicants following interview will be sent an Occupational Health Questionnaire. Applicants with a disability are advised to disclose disabilities as soon as possible. This is to inform the University of your requirements at a possible interview, and for reasonable adjustments to be made if a place on the MBBS programme is offered. A disclosed disability is not taken into account when assessing your application, interviews will be conducted in the same way for disabled and non-disabled applicants.

If you fail to disclose a known condition which is later disclosed in an Occupational Health Assessment you may be subject to a 'Fitness to Practise' hearing and if necessary removed from the programme.

Do you wish to disclose a physical or mental disability?

Please ✓ appropriate box

Yes		No	
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If the answer to the above questions is 'Yes' please complete Part C, Section 3.

Section 5 Declaration & Consent

- 5.1 I declare that the information given on this Form and on any supplemental sheets or in supporting documents is true and accurate to the best of my knowledge and belief; **and**
- 5.2 I hereby agree to notify the University if at any time prior to enrolment on the Course any of the above information changes; **and**
- 5.3 I hereby give my consent for personal information provided as part of this declaration to be held on computer or in other relevant filing systems for the duration of the Course and a further two years following completion of the same
- 5.4 To the extent (if at all) that I have disclosed any relevant information in Part C of this Form I hereby authorise the University to disclose this information to any relevant parties in relation to any placements in which I may take part during the Course.

PART C	Signature	Date
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Section 1 Fitness to practise proceedings with other regulatory bodies

1.1 Name of regulatory body

1.2 Date on which the finding was made against you

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1.3 Details of the finding made against you.
Continue on a separate sheet if necessary.

1.4 Provide any further information about the finding or allegations made against you, that you wish us to know about.
Continue on a separate sheet if necessary.

1.5 List any supporting documents you have included with this form, for instance a copy of the charges/allegations and/or the findings against you.



Continued overleaf

Section 2 Criminal Proceedings

2.1 Name and type of offence

2.2 Date of offence

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2.3 For convictions, bind overs and conditional discharges provide the name and address of the court where you were convicted. For cautions provide the name of the charging officer and address of police station where you received the caution.

2.4 Provide a description of the circumstances of offence. This should include the time and location of the offence, your relationship to those involved (if relevant) and any mitigating factors.

Continue on a separate sheet if necessary.

2.5 Provide any further information about the offence that you wish us to know about. This may include any steps you have taken to rehabilitate yourself after the offence or any insight you have into the nature of the offence.

Continue on a separate sheet if necessary.

2.6 Please note that you will be asked to provide supporting documents, for instance your certificate of conviction or caution.

Please ensure that the information you provide on this form is full and accurate as it will be cross-checked against your CRB disclosure.

Continued overleaf

Section 3 Health

3.1. Description of your condition

3.2 The date of the initial diagnosis and subsequent history (for instance is the condition currently active or relapsing)

3.3 How do you manage your condition?

3.4 If you have declared a history of substance dependency, please state what substances were involved, the circumstances surrounding the substance dependency, any medical treatment or support you received or are receiving, and how you manage the condition alongside your day-to-day activities?

3.5 Please provide contact details for your General Practitioner (GP) or other health professional who knows about your physical or mental health condition or history of substance dependence (see next page).

Health report consent form

We may need to ask for a health report about you from your General Practitioner (GP) or any other health professional who knows about your physical or mental impairment or health condition.

Please provide details of your GP and/or hospital consultant

Name of health professional	
Surgery/Hospital Name	
Address	
Telephone number	
Email address	

Name of health professional	
Surgery/Hospital Name	
Address	
Telephone number	
Email address	

All medical students will complete a health screening programme carried out by the University's Occupational Health providers before commencing clinical placements. The standards for training in medicine are defined by the General Medical Council (GMC) and the Department of Health (DH). These standards meet the criteria in the Equality Act in that they are a proportionate means of achieving the legitimate aim of ensuring patient safety.

Prospective students who have serious concerns that a medical condition may have implications for future fitness to train as a doctor should, at an early stage, disclose to the School so that reasonable adjustments can be made at interview or if a place on the MBBS programme is offered. If you fail to disclose a known condition which is later disclosed in an Occupational Health Assessment you may be subject to a 'Fitness to Practice' hearing and if necessary removed from the programme. In the event of an early withdrawal or suspension from the MB BS course, there will be no entitlement to a refund of such tuition fees already paid at the start of that academic year in line with the MB BS tuition fee policy.

Please note, information disclosed within this declaration will be used to assess your suitability to study on the relative course only, and will **NOT** be shared with other areas of the organisation. You will need to ensure that you have made arrangements to inform the University, in particular the Disability Advisory Service, of your circumstances where you require further advice or assessment for provision of support.

Consent

I consent to attending any necessary appointments that may be arranged to assess my suitability for admission to the Course.

I consent for the Occupational Health Service to inform the managers of the School of Medicine and Dentistry of any relevant impairment, its effect on function, and adjustments necessary to allow me to fulfil the required competencies for graduation and professional practice. I consent to information about the underlying causes of any impairments to be disclosed where this serves a specific purpose to protect patients or to benefit myself.

Signature:

Date: