

Academic Year ____ / ____

TWIN LINKS

MEDICINE EXCHANGE PROGRAMME

APPLICATION FORM



University of London

Please submit 3 copies of this form. Incomplete applications will NOT be considered. If applying to more than one partner you need to submit a complete application for each institution.

Personal Data

Family name _____ First name _____

Date of birth _____ Gender _____

Correspondence address _____

Telephone number _____ Email _____

Permanent address (if different from above) _____

Telephone _____

Academic Details

Year of course:

Year 3 Year 4

Positions held at King's (if any) _____

List any SSM year merits _____

Have you taken an intercalated degree or do you have any other additional higher education qualifications? If so please list the subject and award given _____

Have you failed a year or had to repeat? If so, please give details _____

Host Institution

Please state to which twin university you are applying. Please give a second choice.

1. _____

2. _____

If applying to the University of the West Indies, please list the 4 campuses (Bahamas, Barbados, Jamaica or Trinidad) in order of preference:

1. _____

2. _____

3. _____

4. _____

If you are applying for an elective please give three specialties in order of preference.

1. _____

2. _____

3. _____

If applying for an elective please specify exact dates:

Dates for the peripheral attachments will be allocated by the Registry.

If you wish to travel with or at the same time as your clinical partner please tick the box

What is the name of your clinical partner

Clinical tutor approval

Name _____

Department _____

Signature _____ Date _____

PERSONAL STATEMENT

Write a statement (maximum 350 words) stating why you would like to participate in the exchange programme and what you hope to achieve from it.

Please return the completed form to the Academic Centre for Medicine and Dentistry, 2nd Floor, Henriette Raphael House, Guy's Campus, London, SE1 1UL