

THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE CAMPUS

SUPPLEMENTAL SHEET 2

NON-ACADEMIC CRITERIA FOR SELECTION TO THE FACULTY OF MEDICAL SCIENCES- M.B.B.S, D.D.S & D.V.M PROGRAMMES ONLY (a minimum of six (6) months involvement)

SURNAME _____ FIRSTNAME _____ MIDDLE NAME _____

Please note: CERTIFICATION OF ACTIVITIES MUST INCLUDE STAMP, ADDRESS AND TELEPHONE NUMBER OF THE INDIVIDUAL CONFIRMING ACTIVITY

DEMONSTRATED SOCIAL AWARENESS

Have you given any voluntary community service or participated in social projects? *If yes please list:*

Name of Organization:	Stamp of Organization	Official Use
Details of Involvement:		
Length of Time:		
In what Capacity:		
Official Signature:		

LEADERSHIP EXPERIENCE

Have you ever held any position of leadership? *If yes please list:*

Name of Organization:	Stamp of Organization	Official Use
Details of Involvement:		
Length of Time:		
In what Capacity:		
Official Signature:		

INTERPERSONAL EXPERIENCES/COMMUNICATION SKILLS

Have you been involved in teamwork? (This would be indicated by membership of committees, subcommittees, working groups or task forces that have implemented policies or brought about changes in any area of endeavour)

Name of Organization:	Stamp of Organization	Official Use
Details of Involvement:		
Length of Time:		
In what Capacity:		
Official Signature:		

REWARD FOR EXCELLENCE

Do you enjoy a high level of proficiency in a foreign language as would be demonstrated by your degree of fluency, your having served as an interpreter, or lived in a non-English speaking country for continuous period of a year or more? **If yes please list:**

Name of Organization:	Stamp of Organization	Official Use
Details of Involvement:		
Length of Time:		
In what Capacity:		
Official Signature:		

Have you ever been selected to represent your school or community or to be part of a National Team? Have you ever won a national award for Sport, Chess Debating or School Challenge? **If yes, please list:**

Name of Organization:	Stamp of Organization	Official Use
Details of Involvement:		
Length of Time:		
In what Capacity:		
Official Signature:		

Have you ever been given a national award for the Arts in one or more of the following fields: Music, Dance, Drama, Photography, Painting/Drawing, and Ceramics etc? **If yes, please list:**

Name of Organization:	Stamp of Organization	Official Use
Details of Involvement:		
Length of Time:		
In what Capacity:		
Official Signature:		

WORK EXPERIENCE

Have you ever worked before? **If yes, please list:**

Name of Organization:	Stamp of Organization	Official Use
Position		
Length of Time:		
Have you ever been dismissed from your job?		
Official Signature:		

OTHER ACTIVITIES

Name of Organization:	Stamp of Organization	Official Use
Details of Involvement:		
Length of Time:		
Official Signature:		

Please note that all your answers are subject to verification. A false declaration will result in a withdrawal of the offer of Entry or expulsion from the Faculty at whatever stage you may have reached in the programme.

Signature of Applicant _____

Date _____