

THE UNIVERSITY OF THE WEST INDIES
ST AUGUSTINE CAMPUS

Supplemental Sheet 4

NON-ACADEMIC CRITERIA FOR SELECTION TO THE FACULTY OF MEDICAL SCIENCES – M.B.B.S., D.D.S & D.V.M PROGRAMMES ONLY

Name of Applicant

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 Organisation (s)
.....
.....

Give Details of Involvement.....
.....
.....

Length of Time

In what capacity?
.....

Certification (signature & stamp)

LEADERSHIP EXPERIENCE

Have you ever held any position of leadership?

If yes please list:
.....

Length of time

Certificate (signature & stamp)

INTERPERSONAL EXPERIENCES/COMMUNICATION SKILLS

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

Give details
.....

Length of Time

Have you been involved in activities (including jobs) that require the ability to communicate effectively with others – verbally, in writing or by formal presentation?

Give details
.....

Certification (Signature and Stamp).....

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/studied in a non-English speaking country for a continuous period of a year or more?

Give details
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.....
.....

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 give details.....
.....
.....

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, Ceramics, etc

Please give details.....
.....
.....
.....

Certification (Signature and Stamp)

WORK EXPERIENCE

Have you worked before? Name of Organisation (s)
.....

What was your job?

Have you ever been dismissed from your job?.....

Certification (Signature & Stamp)

OTHER ACTIVITY (S)

(Documentary evidence must be provided)

Name and Duration of Activity
.....

Certification (signature & stamp)

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:.....