

THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS

NON-ACADEMIC CRITERIA FOR SELECTION TO THE FACULTY OF MEDICAL SCIENCES – M.B.B.S. PROGRAMME 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.....
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.....

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.....
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.....
.....

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