

1. Prefix (Mr, Mrs, etc.)
2. First Name
3. Surname
4. Email Address at home (personal)
5. Re-type email address at home (personal)
6. Email address at school (if you have one)
7. Retype email address at school (if you have one)
8. Birth Date
9. Age
10. Mobile number
11. Re-type mobile number
12. Home phone number
13. Parent/Carer mobile number
14. Home address
15. Home postcode
16. Home borough
 - a. (all London boroughs listed)
 - b. Please specify your home borough
17. School/College
18. School/College address
19. School/College postcode
20. School/College borough
 - a. (all London boroughs listed)
 - b. Please specify your school/college borough
21. What year are you in? Please note, only Year 12 students are eligible for the Mentoring Scheme. If you are not in Year 12 please do not apply.
 - a. Year 12
 - b. Other – Please specify what year you are in
22. Please list your GCSE subjects and grades achieved. Please list subject then grade, ie: "English, A", with a new line for each subject. **If you do not answer in this format your form will be returned**
23. Which AS subjects are you taking? Please list all subjects
24. It is our policy to verify student details with schools/colleges. Please provide the name and contact details of your Head of Science
 - a. Name
 - b. Email address (if known)

25. Target Medicine Mentoring Scheme is for students who have a definite interest in applying for medicine. Why do you want to be a doctor? (200 words max)
26. How did you hear about Target Medicine?
- From school/college
 - Via search engine
 - From UCL website
 - From friend/family
 - From a previous Target Medicine participant
 - I attended Target Medicine Summer School
 - I attended other UCL Outreach project/event
 - Other – Please specify
27. Have you attended any of the following UCL programmes?
- Target Medicine Summer School
 - UCL Horizons
 - Neither of these
28. Have you attended any other scheme outside UCL such as mentoring or widening participation for medicine?
- Yes – Please provide further details
 - No

MONITORING INFORMATION

29. What is your sex?
- Female
 - Male
 - Other
30. What is your ethnic group? Choose one to best describe your ethnic group or background. If other, please specify
- White – English/Welsh/Scottish/Northern Irish/British
 - White – Irish
 - White – Gypsy or Irish Traveller
 - White – other – Please specify your ethnicity
 - Mixed/multiple ethnic groups – White & Black Caribbean
 - Mixed/multiple ethnic groups – White & Black African
 - Mixed/multiple ethnic groups – White & Asian
 - Mixed/multiple ethnic groups – other – Please specify your ethnicity
 - Asian/Asian British – Indian
 - Asian/Asian British – Pakistani
 - Asian/Asian British – Bangladeshi
 - Asian/Asian British – Chinese
 - Asian/Asian British – other – Please specify your ethnicity
 - Black/African/Caribbean/Black British – Caribbean
 - Black/African/Caribbean/Black British – African
 - Black/African/Caribbean/Black British – other – Please specify your ethnicity
 - Other ethnic group – Arab
 - Other ethnic group – other – Please specify your ethnicity
31. What is your religion?
- No religion
 - Christian
 - Buddhist
 - Hindu
 - Jewish
 - Muslim
 - Sikh
 - Other – Please specify
32. Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
- Yes limited a lot
 - Yes limited a little
 - No

33. Parent/Carer 1
- Relationship to you (e.g mother)
 - What is their occupation? (e.g if employed state job title/unemployed/retired/student)
34. Parent/Carer 2 (if applicable)
- Relationship to you (e.g mother)
 - What is their occupation? (e.g if employed state job title/unemployed/retired/student)
35. Did any of your parents/Carers go to university? If Yes, please tell us about their qualifications. If they have more than one qualification (eg - BA and MA), only tell us about their highest qualification (the MA)
- Parent/Carer 1 Subject
 - Parent/Carer 1 University
 - Parent/Carer 1 Qualification
 - Parent/Carer 2 Subject
 - Parent/Carer 2 University
 - Parent/Carer 2 Qualification
36. Are you living under local authority care (this means live with foster Carers or in a care home)?
- Yes
 - No
37. Are you eligible for free school meals?
- Yes
 - No
 - Don't know
38. Do you think any of the barriers listed below may stop you getting into medical school?
- Competitive application process
 - Financial/money concerns
 - Religious/personal beliefs
 - Lack of support from family
 - Lack of academic support from subject teachers
 - Lack of career guidance from school
 - English as a second language
 - Difficult family circumstances
 - Having an illness or disability
 - Not getting good enough grades in my exams
 - Other - Please give brief details
 - None of these
39. If you are accepted onto the scheme, attendance at the first Introductory Session on Wednesday 13th January, 6-8pm is compulsory – parents/Carers are also invited to attend. Please tick this box to confirm you can attend, either with or without your Parent/Carer.
40. WAIVER: The data collected here will be held and processed by University College London in accordance with the Data Protection Act 1998. For research, monitoring and evaluation purposes only, your data may also be shared with the Higher Education Funding Council for England, Higher Education Statistics Agency, UCAS, the Data Service, Fuse Digital Group and our partners including Higher Education Access Tracker Service subscribers. The data collected will not be used in a way that would affect you individually. We will not release data to anyone who is unauthorised. Under the Data Protection Act 1998 you have the right to a copy of the data held about you by us. If you have any concerns about the use of data for these purposes or would like a copy of the data you have supplied to us, please contact r.barrs@ucl.ac.uk.

Please tick here if you agree to your data to be shared as outlined in the above statement.