|  |
| --- |
| **Sharing Information on Medical Students**  **Found Unfit to Practise Medicine** |

|  |
| --- |
| The Medical Schools Council (MSC) maintains a database of medical students who have been through a fitness to practise hearing, and have been found unfit to practice and are permanently removed or voluntarily remove themselves from the Medical Students Register. This is necessary in the interests of patient and public safety, and to protect the public from risk. We will share some of the information provided on your application form with the MSC in order to verify your fitness to practise. This includes:   * Known name(s) including any changes of name by Deed Poll * Current gender * Date of birth * Name of medical school which the student was excluded from * UCAS ID * Photograph   If a fitness to practice finding is made against you in the future the information above and a copy of any decision against you (a copy of the outcomes letter at the end of fitness to practise proceedings), will be stored on the database maintained by the MSC. This database is accessible only to other medical schools in the UK and the General Medical Council. It is used only for proper fitness to practise purposes to protect patients and the public.  You have a right of access to any information held about you on the database and to correct any errors. If you wish to exercise this right, please contact Veronica Davids at the Medical Schools Council.  You are required to read the above and sign and date below to confirm that you have understood the implications of being on the MSC Excluded Students Database.  **You must bring this signed form with you when you sign the Medical Student Register at your college.** |

|  |
| --- |
| *I have read and understood the information given above and understand that my details will be checked against the Medical Schools Council Excluded Students Database as a requirement of my admission to the Medical Course at Cambridge and in the event of a fitness to practise finding against me, which involves either my exclusion from the Medical Course or my voluntary withdrawal. I, [Full Name; block capitals] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that information provided on my initial application form to the University of Cambridge and a copy of the fitness to practise final outcomes letter to be uploaded to the Medical Schools Council Excluded Students Database should the circumstances arise that are detailed above.*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |