**Imperial College London Intercalated BSc Programme**

**Letter of Good Standing**

**To be completed by the Head of Programme or Programme Administrator at the applicant’s home institution on institutional letterhead**

**Applicant full name**: ……………………………………………………………………………….....

**Intercalated BSc applied for**: …………………………………….………………………………..

The above-named individual has applied to study a one-year intercalated BSc programme at Imperial College London.

As the applicant’s home institution, please confirm the following:

1. Is this student currently the subject of any disciplinary proceedings at your institution?

[ ]  Yes [ ]  No

2. Is this student currently the subject of any Fitness to Practise Medicine proceedings at your institution?

 [ ]  Yes [ ]  No

3. Has this student previously been the subject of a disciplinary proceeding and/or Fitness to Practise Medicine proceeding at your institution?

[ ]  Yes [ ]  No

4. We grant permission for this student to study a one-year intercalated BSc programme at Imperial College London, should their application be successful.

[ ]  Yes [ ]  No

**Name**: …………………….…………………………………..……………………………………..................

**Position**: ………………………………………………………………………………………………...............

**Signature**: ………………………..……………………. **Date**: …………………………….....................

**To be completed by the applicant**

 Please confirm that you agree to the following:

1. I understand that if my home institution has responded ‘yes’ to questions 1, 2 or 3 on page 1 of this form, I will be required to provide further information. Depending on the nature of the disciplinary concerns, this could affect my application outcome.

[ ]  Yes [ ]  No

2. I understand that if any concerns arise around my conduct and capability while I am intercalating at Imperial, sufficient details would be shared with my home institution so they can conduct their own investigation, if required.

[ ]  Yes [ ]  No

Please provide the name and email address of the Head of Programme at your home institution, who would be contacted in the above instance.

Name: ……………………………………………..……………………………………......

Position: ………………………..…………………………………………………………...

Email: ............................................ Phone no: ...................................

3. I understand that if any serious welfare concerns arise while I am intercalating at Imperial, the university may inform a member of the Student Support/Welfare Team at my home institution\* to allow for appropriate support to be place following the completion of my BSc.

\*Details of the welfare situation would not be shared without prior discussion or agreement from you, except where safeguarding concerns arise.

[ ]  Yes [ ]  No

Please provide the name and email address of a contact in the Student Support/Welfare Team at your home institution, who we would contact in the above instance.

Name: ……………………………………………..……………………………………......

Position: ………………………..…………………………………………………………...

Email: ............................................ Phone no: ...................................

**Applicant Name**: ……………………………………………..…………………………………….................

**Signature**: ………………………..……………………. **Date**: ……………………………........................