

Candidate Details

Please give your entry details exactly as per your UCAS application and/or your passport or national ID document.

**Please attach
2 recent
coloured
passport sized
photographs**

First Name(s):	
Last name/Family name:	

Date of Birth: DD-MM-YYYY				Gender: Please tick	<input type="checkbox"/>	M	<input type="checkbox"/>	F	Passport No.	
UCAS no.										
Telephone						Mobile				
E-mail										
Correspondence Address	Area _____		Block _____							
	Street _____									
	House/Building Number _____					Flat Number _____				

	Date	Fees (BD)
Final Entry Deadline	29th September 2023	100.000
Test Date	18th October 2023 (1:30pm Bahrain time)	

Where are you applying?

If you applying to a university/universities in the United Kingdom, or to Lee Kong Chain School of Medicine, Please select the institution(s) and the course(s) you are applying for from the following list.

Universities applied to	Course code					Course
Brighton and Sussex Medical School (B74)	<input type="checkbox"/>	A	1	0	0	Medicine
Imperial College London (I50)	<input type="checkbox"/>	A	1	0	0	Medicine
Keele University (K12) (‘overseas for fees’ applicants only)	<input type="checkbox"/>	A	1	0	0	Medicine
Lancaster University (L14)	<input type="checkbox"/>	A	1	0	0	Medicine and Surgery
	<input type="checkbox"/>	A	1	0	4	Medicine & Surgery with a Gateway Year
Lee Kong Chian School of Medicine	<input type="checkbox"/>	M	B	B	S	Medicine
University College London (U80)	<input type="checkbox"/>	A	1	0	0	Medicine
University of Cambridge (C05)	<input type="checkbox"/>	A	1	0	0	Medicine
University of Leeds (L23)	<input type="checkbox"/>	A	1	0	0	Medicine
	<input type="checkbox"/>	A	1	0	1	Gateway Year to Medicine
	<input type="checkbox"/>	A	2	0	0	Dentistry
University of Manchester (M20) (some International applicants only)	<input type="checkbox"/>	A	1	0	6	Medicine MBChB
	<input type="checkbox"/>	A	1	0	4	Medicine MBChB (including foundation year)
University of Oxford (O33)	<input type="checkbox"/>	A	1	0	0	Medicine
	<input type="checkbox"/>	A	1	0	1	Graduate Medicine
	<input type="checkbox"/>	B	C	9	8	Biomedical Sciences

If you are applying to universities in the UK or to Lee Kong Chain, Cambridge will send your results automatically to them.

If you are applying to any other university/universities that accepts BMAT – October results, but is not listed above, please tick here:

Other university/universities	<input type="checkbox"/>
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If you have ticked the ‘Other university/universities’ box, you will need to share your results with your chosen university/universities using our Metritests system. You will receive the access to that after the test.

If you are applying to Nazarbayev University School of Medicine, please contact them for more information.

UCLES Terms

Please note that by registering for the BioMedical Admissions Test (BMAT), you are agreeing that data provided as part of the entry process may be passed to UCLES and any institution involved in the candidates application for a place at one of the HAT institutions, and that data may be used for research purposes in connection with admissions procedures. You also agree that if you obtain a place for a course where your HAT result was used in the admissions process, then the institution administering the course and UCAS may supply UCLES with data about your results in subsequent examinations whilst you are studying at that institution, unless you specifically notify the institution in writing. UCLES will take reasonable care to keep candidates’ personal details anonymous.

Disclaimer

The British Council and the examining boards take all reasonable steps to provide continuity of service. We feel sure you will understand, however, that we cannot be held responsible for any interruptions caused by circumstances beyond our control. If examinations or their results are disrupted, cancelled or delayed, every effort will be made to resume normal service as soon as possible. The British Council’s liability will be limited to the refund of the registration fee or retesting at a later date

Candidate’s Signature: _____ **Date:** _____

For Office Use:		WBS Element		G/159/03/001/017	
Total Fee Collected		Collected By		Receipt No	