



UCD School of Medicine

## Ambrose Birmingham Medal 2015/16 Application Form

Student Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Programme &  
Stage (at date of  
exam): \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Term Address: \_\_\_\_\_

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Please complete and return to Steven Masterton, Room C209, School of  
Medicine & Medical Science, Health Sciences Building, UCD, Belfield

**Closing Date:** Friday, 10<sup>th</sup> June 2016

**Exam Date and time:** Thursday, 16<sup>th</sup> June 2016 at 2pm

**Location:** TBC