

INTERCOLLEGIATE MRCS APPLICATION FORM - PART A (MCQ)

The examination fee and all relevant information must be included with the application. Please write in capital letters.

Give details of any username or personal ID issued to you by the College to which you are applying to sit the examination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Acknowledgement sent:

\_\_\_\_\_

Fee paid:

\_\_\_\_\_

Comments on Application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Last name** in full: \_\_\_\_\_

Write your name exactly as it appears on your primary medical degree certificate.

**Other names** in full: \_\_\_\_\_

**Gender:**  Female  Male

**Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/ Month/ Year

**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(For examination notices, results and correspondence)

**Postcode:** \_\_\_\_\_

**Telephone Numbers:**

Contact number: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

ALL candidates must provide two photographs

**STAPLE  
TWO PASSPORT  
PHOTOGRAPHS HERE**

Print your name on the  
back of the photographs.

35mm x 45mm

**SECTION 1 – APPLICATION**

I wish to apply for Part A (MCQ)

to be held on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/ Month/ Year

Centre \_\_\_\_\_

**College to which you are applying:**

Edinburgh

England

Glasgow

Ireland

**Please list the College(s) and date(s) of any previous attempts at the Intercollegiate MRCS Part A since April 2013.**

**Date of sitting:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Centre:** \_\_\_\_\_

**Date of sitting:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Centre:** \_\_\_\_\_

**Date of sitting:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Centre:** \_\_\_\_\_

**Date of sitting:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Centre:** \_\_\_\_\_

**Date of sitting:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Centre:** \_\_\_\_\_

I enclose the required fee of \_\_\_\_\_ as shown in the current College examinations calendar.

Note: The fee must be submitted in £ sterling, (Edinburgh, England, Glasgow) or Euros (Ireland).

Notes:

1. Candidates can enter any part of the examination through any College but may only enter with one College at each sitting.
2. If you are out of time in the current Intercollegiate MRCS or the Collegiate MRCS, but in a surgical training post at the time of sitting the examination, please provide evidence from your ISCP Assigned Educational Supervisor.
3. Any candidate who has entered an examination with more than one of the three Colleges at the same sitting will forfeit the fees for each additional application.
4. Resit candidates: If you are applying to sit the examination through the same College you are required to submit another application form and photographs, but you do NOT have to re-send your degree certificate or complete section 2.

**SECTION 2 - ACADEMIC RECORD**

**Primary medical qualification:** \_\_\_\_\_ **Date conferred:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/ Month/ Year

**Qualifying university (UK Only):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 0001 Aberdeen                      | <input type="checkbox"/> 0012 Edinburgh                                  | <input type="checkbox"/> 0023 Manchester               |
| <input type="checkbox"/> 0002 Belfast - Queen's University  | <input type="checkbox"/> 0013 Hull, York                                 | <input type="checkbox"/> 0024 Newcastle upon Tyne      |
| <input type="checkbox"/> 0003 Birmingham                    | <input type="checkbox"/> 0014 Keele                                      | <input type="checkbox"/> 0025 Norwich – UEA            |
| <input type="checkbox"/> 0004 Brighton and Sussex           | <input type="checkbox"/> 0015 Leeds                                      | <input type="checkbox"/> 0026 Nottingham               |
| <input type="checkbox"/> 0005 Bristol                       | <input type="checkbox"/> 0016 Leicester                                  | <input type="checkbox"/> 0027 Oxford                   |
| <input type="checkbox"/> 0006 Cambridge                     | <input type="checkbox"/> 0017 Liverpool                                  | <input type="checkbox"/> 0028 Peninsula Medical School |
| <input type="checkbox"/> 0007 Cardiff - University of Wales | <input type="checkbox"/> 0018 London - Barts and The London              | <input type="checkbox"/> 0029 Sheffield                |
| <input type="checkbox"/> 0008 Derby                         | <input type="checkbox"/> 0019 London - GKT                               | <input type="checkbox"/> 0030 Southampton              |
| <input type="checkbox"/> 0009 Dundee                        | <input type="checkbox"/> 0020 London - Imperial College                  | <input type="checkbox"/> 0031 St Andrews               |
| <input type="checkbox"/> 0010 Durham – Stockton             | <input type="checkbox"/> 0021 London - Royal Free and University College | <input type="checkbox"/> 0032 Swansea                  |
| <input type="checkbox"/> 0011 Glasgow                       | <input type="checkbox"/> 0022 London - St George's                       | <input type="checkbox"/> 0033 Warwick                  |

**University at which degree obtained** (if not from UK): \_\_\_\_\_

**Country:** \_\_\_\_\_ **GMC/IMC Number** (if held): \_\_\_\_\_

If your name does not appear in the Medical Register of the General Medical Council of the UK or the Medical Register of Ireland, your qualification must be acceptable to one of the Councils of the Colleges; in this case, you **MUST** submit your original degree certificate or a certified copy for scrutiny.

**SECTION 3 – LEVEL OF TRAINING AND DEANERY AT THE TIME OF APPLICATION  
[TO BE COMPLETED BY UK TRAINEES ONLY]**

The Colleges are required to collect the following information by the General Medical Council.  
Please note: the completion of this section is mandatory for UK candidates. Incomplete applications will be returned to candidates.)

**3.1 Please indicate the level of your training by ticking the appropriate box:**

FY1       FY2       CT1/ST1       CT2/ST2       CT3       FTST       Other:.....

**3.2 Please indicate the LETB or Deanery to which you are appointed by ticking the appropriate box:**

- |   |  |
|---|--|
| <input type="checkbox"/> Not applicable                                 | <input type="checkbox"/> Health Education Kent, Surrey and Sussex            |
| <input type="checkbox"/> Health Education East Midlands                 | <input type="checkbox"/> Health Education North East                         |
| <input type="checkbox"/> Health Education Yorkshire and Humber          | <input type="checkbox"/> Health Education North West                         |
| <input type="checkbox"/> Health Education East of England               | <input type="checkbox"/> Health Education West Midlands                      |
| <input type="checkbox"/> Health Education Wessex                        | <input type="checkbox"/> Health Education South West                         |
| <input type="checkbox"/> Health Education Thames Valley                 | <input type="checkbox"/> NHS Education for Scotland                          |
| <input type="checkbox"/> Health Education North West London             | <input type="checkbox"/> Northern Ireland Medical and Dental Training Agency |
| <input type="checkbox"/> Health Education South London                  | <input type="checkbox"/> Wales Deanery                                       |
| <input type="checkbox"/> Health Education North Central and East London |  |

**SECTION 4 - CHECKLIST**

**Is your application form complete? Have you included the following?**

	<b>yes</b>	<b>no</b>
➤ Complete and up-to-date contact information	<input type="checkbox"/>	<input type="checkbox"/>
➤ Two recent passport photographs with your name printed on the back	<input type="checkbox"/>	<input type="checkbox"/>
➤ Examination fee	<input type="checkbox"/>	<input type="checkbox"/>
➤ Complete details of your primary medical qualification, including university and date of completion	<input type="checkbox"/>	<input type="checkbox"/>
➤ A certified copy of your primary medical degree certificate (if your name does not appear on the GMC or IMC Register)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Date of examination	<input type="checkbox"/>	<input type="checkbox"/>
➤ Examination centre	<input type="checkbox"/>	<input type="checkbox"/>
➤ Signed and dated declaration confirming that you have read and understood the <i>Regulations for the Intercollegiate Membership Examination of the Surgical Royal Colleges of Great Britain</i> currently in force.	<input type="checkbox"/>	<input type="checkbox"/>

Copies of original documentation, verified by a public notary or solicitor/lawyer, should have an official stamp accompanying the signature. Official English translations will be required for stamps or certificates sent that are not in English.

**SECTION 5 - RELEASE OF RESULTS AND CANDIDATE DATA**

**Privacy Notice:**

**If you are registered or anticipate being registered with the GMC then your personal data, including data about your exam results, will be passed to the GMC for quality assurance and research purposes and to facilitate the awarding of certificates of completion of training (CCTs).**

**Explanatory Note for Information:**

It is a requirement that candidate demographic and results information is routinely made available to the GMC for statistical purposes. Candidate information will not be handled by or be visible to any other third parties, individuals or organisations, except for research purposes as approved by procedures laid down by the GMC Ethics Committee.

**REQUEST FOR SPECIAL ARRANGEMENTS**

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO NOTIFY THE EXAMINATIONS SECTION OR DEPARTMENT OF ANY SPECIAL REQUIREMENTS AT THE TIME OF APPLICATION TO THE EXAMINATION AND SUBMIT APPROPRIATE SUPPORTING EVIDENCE AS SPECIFIED IN THE REGULATIONS.

Applications for special arrangements on medical or compassionate grounds must be supported by medical or appropriate certification at the time of application.

**SECTION 6 - DECLARATION** (to be signed by the candidate)

I have read and understood *the Regulations for the Intercollegiate Membership Examination of the Surgical Royal Colleges of Great Britain and Ireland* currently in force. I declare that to the best of my knowledge all the information given on this form is a true statement. Any false statement will invalidate my entry. I understand that if I have become out of time in the Collegiate or Intercollegiate MRCS or have exceeded the permitted number of attempts, I am not permitted to apply for the MRCS examination.

**Signature of Candidate:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/ Month/ Year

All personal information held by the Surgical Royal Colleges of Great Britain will be held in accordance with the *Data Protection Act of 1998 and the Freedom of Information Act 1998*. Any data collected may be exchanged between the Surgical Royal Colleges of Great Britain and Ireland but will not be released elsewhere without your permission.

In the unlikely event that the Surgical Royal Colleges of Great Britain and Ireland have to cancel the examination, the examination fee shall be reimbursed, but the Surgical Royal Colleges of Great Britain and Ireland shall incur no further liability.

**SECTION 7 - PAYMENT**

- None of the Surgical Royal Colleges accept American Express.
- Please note that payment to The Royal College of Surgeons in Ireland can only be made by Bank Draft or Postal Order made payable to The Royal College of Surgeons in Ireland.

**Name of candidate** (BLOCK CAPITALS): \_\_\_\_\_

**Payment must be made in full by:**  Bank draft  Cheque  Credit/debit card  
(Tick as appropriate)

Cheques should be made payable to the College at which you wish to take the examination. Print your name on the back of the cheque.

**Cheque number:** \_\_\_\_\_

**CREDIT CARD/DEBIT CARD**

**I wish to pay by:**  
(Tick as appropriate)

VISA  MASTERCARD  DELTA  VISA DEBIT  MAESTRO

**Card Number:**

**Valid from date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiry date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Three-digit security number:** \_\_\_\_\_  
MM YYYY MM YYYY (found on the reverse of your card)

**Issue Number** (if applicable) \_\_\_\_\_

**Amount authorised to be withdrawn:** \_\_\_\_\_  
For details of current examination fees, please refer to the examinations calendar.

**Name of cardholder:** \_\_\_\_\_

**Address of cardholder** \_\_\_\_\_  
\_\_\_\_\_

**Email address of cardholder** \_\_\_\_\_

**Signature of cardholder:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/ Month/ Year

**The Royal College of Surgeons of Edinburgh**  
The Adamson Centre  
3 Hill Place  
Edinburgh EH8 9DS  
Tel no: 0131-527-1600  
Fax no: 0131-668-9231  
Charity No. SC028302  
E-mail address:  
[examinations@rcsed.ac.uk](mailto:examinations@rcsed.ac.uk)

**The Royal College of Surgeons of England**  
Examinations Department  
35-43 Lincoln's Inn Fields  
London WC2A 3PE  
Tel no: 020-7869-6281  
Fax no: 020 7869-6290  
Charity No. 212808  
E-mail address:  
[exams@rcseng.ac.uk](mailto:exams@rcseng.ac.uk)

**The Royal College of Physicians and Surgeons of Glasgow**  
232-242 St Vincent Street  
Glasgow G2 5RJ  
Tel no: 0141-221-6072  
Fax no: 0141-241 6222  
Charity No. SC000847  
E-mail address:  
[mrcsa@rcpsg.ac.uk](mailto:mrcsa@rcpsg.ac.uk)

**The Royal College of Surgeons in Ireland**  
123 St Stephens Green  
Dublin 2  
Ireland  
Tel no: 00353 1402 2221  
Fax no:00 353 1402 2470  
Charity No. CHY 1277  
E-mail address:  
[ssgsara@rcsi.ie](mailto:ssgsara@rcsi.ie)

## EQUAL OPPORTUNITIES MONITORING

The Royal Colleges of Surgeons of Great Britain and Ireland aim to ensure fair treatment in relation to admission and assessment of examination candidates. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair examination to all candidates.

In line with UK and Irish legislation and good practice guidelines, we are asking all applicants to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practices.

### Gender

- Female
- Male
- Transgender
- Prefer not to say

### Ethnicity

Choose one selection from the list below to indicate your ethnic group or background.

#### a) White

- English/Welsh/Scottish/Northern Irish/British
  - Irish
  - Gypsy or Irish Traveller
  - Any other White background (write in)
- 

#### b) Mixed / Multiple Ethnic Groups

- White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other mixed background (write in)
- 

#### c) Asian or Asian British

- Bangladeshi
  - Chinese
  - Indian
  - Pakistani
  - Any other Asian background (write in)
- 

#### d) Black / African / Caribbean / Black British

- African
  - Caribbean
  - Any other Black / African / Caribbean / Black British (write in)
- 

#### f) Other Ethnic Group

- Arab
  - Any other ethnic background (write in)
- 

- Prefer not to say

### Do you consider your first language to be English?

- Yes
- No
- Prefer not to say

**Do you have a disability** under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).

- Yes
- No
- Prefer not to say

### What is your sexual orientation?

- Bisexual
- Heterosexual
- Lesbian or Gay
- Prefer not to say

### Marital Status

- Single
- Married
- Cohabiting
- Civil partnership
- Separated/divorced
- Widowed
- Prefer not to say

### What is your religion or belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion/belief
- No religion
- Prefer not to say