

INTERCOLLEGIATE MRCS APPLICATION FORM - PART B (OSCE)

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 MRCS Part B (OSCE)

to be held on: ____/____/____
Day/ Month/ Year

Centre _____

College to which you are applying:

Edinburgh

England

Glasgow

Ireland

If you have applied to sit the MRCS examination at this College before, please indicate the date: ____/____/____
Day/ Month/Year

I enclose the required fee of _____ as shown in the current College examinations calendar.
Note: The fee must be submitted in £ sterling (UK) or Euros (Ireland) (See section 8 on page 6.)

Notes:

1. You can enter the examination through any College but may enter with only one College at each sitting.
2. If you are out of time in the current Intercollegiate MRCS, but in a surgical training post at the time of sitting the examination, please provide evidence from your ISCP Assigned Educational Supervisor.
3. If you attempt to enter the examination through more than one of the four Colleges at the same sitting you will forfeit the fees for each additional application.
4. If you are applying to sit the examination through a College to which you have applied previously you must submit another application form and photographs but you do NOT have to send your degree certificate or complete section 2 again.

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 – ELIGIBILITY

In order to apply for Part B (OSCE), you must provide evidence of having passed either Part A or Parts 1 and 2 of the Intercollegiate MRCS examination. A certified copy of your pass letter for Part A or Part 1 and Part 2 should be included with this application unless you are applying for Part B (OSCE) at the same College at which you passed Part A or Part 1 and Part 2.

If you have passed Part A:

- Edinburgh
- England
- Glasgow
- Ireland

Date of passing: ____/____/____
Day Month Year

If you have passed Part 1 and Part 2 of the Intercollegiate MRCS examination:

Part 1

At which College did you pass Part 1? (Tick as appropriate)

- Edinburgh
- England
- Glasgow
- Ireland

Date of passing: ____/____/____
Day Month Year

Part 2

At which College did you pass Part 2? (Tick as appropriate)

- Edinburgh
- England
- Glasgow
- Ireland

Date of passing: ____/____/____
Day Month Year

Date of first attempt at Part 2: ____/____/____
Day Month Year

Candidates are permitted a maximum of 4 attempts in a combination of the Intercollegiate MRCS Part B (OSCE) and Intercollegiate MRCS Part B (OCC). Candidates are permitted 4 attempts at the Part 2 DOHNS for the purposes of obtaining MRCS (ENT).

Please list the College(s) and date(s) of any previous attempts at any of these examinations:

Date of sitting: ____/____/____ College: _____ Exam: _____
Day Month Year

Date of sitting: ____/____/____ College: _____ Exam: _____
Day Month Year

Date of sitting: ____/____/____ College: _____ Exam: _____
Day Month Year

**SECTION 4 – 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 UK General Medical Council. Please note: the completion of this section is mandatory for UK candidates. Incomplete applications will be returned to candidates.

4.1 Please indicate the level of your training by ticking the appropriate box if applicable:

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

4.2 Please indicate the Deanery to which you are appointed by ticking the appropriate box if applicable:

- | | |
|---|--|
| <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 5 - CHECKLIST

Is your application form complete? Have you included the following?	yes	no
➤ 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)		
➤ If the College at which you passed Part A or Part 1 and 2 is not the same as the College to which you are applying for Part B, documentary evidence of your pass(es)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Date of examination	<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 6 - 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 with medical certification at the time of application.

SECTION 7 - 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* 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.

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 but will not be released elsewhere without your permission.

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

SECTION 8 - 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
Nicholson Street
Edinburgh
EH8 9DW
Tel no: 0131-527-1600
Fax no: 0131-668-9231

Charity No. SC028302
E-mail address:
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

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:
mrscsb@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

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