



# INTERCOLLEGIATE MRCs APPLICATION FORM

## PART 3

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:

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

Write your name exactly as it appears on your medical degree

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

Gender: Female / Male (circle as appropriate)

Date of birth: \_\_\_ / \_\_\_ / \_\_\_ (Day/Month/Year)

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

\_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

(For examination notices, results and correspondence)

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



## SECTION I – APPLICATION

Specify which parts of the examination you wish to apply for (tick options as appropriate):

First time candidates

Part 3 – Oral and clinical (inc. communication skills) examination

Resit candidates

Oral and clinical (inc. communication skills) examination

Clinical examination *and* communication skills

Clinical examination only

Communication skills only

of the MRCS examination to be held on:      /      /      (start date)  
(Day/Month/Year)

Please indicate the date of last attempt at part 3 and the college through which you applied:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(College) (Day/Month/Year)

College to which you are applying:

Edinburgh  England  Glasgow  Ireland

at \_\_\_\_\_ (overseas centre, if applicable)

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

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

**IMPORTANT:** Candidates can enter any part of the examination through any college but may only enter with one college at each sitting (*from Regulations for the Intercollegiate Membership Examination of the Surgical Royal Colleges of Great Britain and Ireland*).

Candidates resitting either the clinical examination or the communication skills must do so with the college at which they passed the oral examination.

**NOTE:** Any candidate who has entered an examination with more than one of the four colleges at the same sitting will forfeit the fees for each additional application.



## SECTION 2– ACADEMIC RECORD

Basic medical qualification: \_\_\_\_\_ Date conferred: \_\_\_ / \_\_\_ / \_\_\_

Qualifying University: \_\_\_\_\_

Medical school at which degree obtained: \_\_\_\_\_ Country: \_\_\_\_\_

First Language: \_\_\_\_\_

GMC or IMC registration 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.

(THE ROYAL COLLEGE OF SURGEONS IN IRELAND CANDIDATES ONLY – If you are registered for the General Medical Council or Irish Medical Council, you MUST submit your original registration certificate or certified copy.)

## SECTION 3 – PARTS 1 and 2

*You are required to provide documentary proof that you have passed both parts 1 and 2 of the examination if you are applying to sit part 3. Applications cannot be processed until all relevant documentation is received. A certified copy of your pass letter for both part 1 and for part 2 should be attached to your application.*

**Note:** *Certified copies of pass letters are not required if part 3 is being taken at the same college at which you passed both parts 1 and 2.*

### Part 1 (Applied basic sciences paper)

With which College(s) have you sat this examination? *(tick options as appropriate)*

- |   |                          |                    |
|---|--------------------------|--------------------|
| The Royal College of Surgeons of Edinburgh              | <input type="checkbox"/> | Date passed Part 1 |
| The Royal College of Surgeons of England                | <input type="checkbox"/> | ___ / ___ / ___    |
| The Royal College of Physicians and Surgeons of Glasgow | <input type="checkbox"/> | (Day/Month/Year)   |
| The Royal College of Surgeons in Ireland                | <input type="checkbox"/> |                    |

With which College did you pass? \_\_\_\_\_

### Part 2(Clinical problem-solving paper)

With which College(s) have you sat this examination? *(tick options as appropriate)*

- |   |                          |                    |
|---|--------------------------|--------------------|
| The Royal College of Surgeons of Edinburgh              | <input type="checkbox"/> | Date passed Part 1 |
| The Royal College of Surgeons of England                | <input type="checkbox"/> | ___ / ___ / ___    |
| The Royal College of Physicians and Surgeons of Glasgow | <input type="checkbox"/> | (Day/Month/Year)   |
| The Royal College of Surgeons in Ireland                | <input type="checkbox"/> |                    |

With which college did you pass? \_\_\_\_\_



## SECTION 4– CHECKLIST

Is your application form complete?

Have you included the following:

Yes No

- > Complete and up-to-date contact information  Yes  No
- > Indicated the parts of the examination for which you are applying  Yes  No
- > Correct payment for all parts applied for  Yes  No
- > Two recent passport photographs with your name printed on the back  Yes  No
- > Complete details of your primary medical qualification, including university and date of completion if you have not attempted an examination at the college to which you are applying  Yes  No
- > If you have not attempted an examination at the college to which you are applying, a certified copy of your degree certificate is required if your name does not appear on the GMC/IMC register. For The Royal College of Surgeons in Ireland a certified copy of your certificate is required in all cases  Yes  No
- > Documentary evidence of passes in part 1 and part 2 (certified copies of pass letters are not required if part 3 is being taken at the same college at which the candidate passed both parts 1 and 2)  Yes  No
- > Signed and dated declaration confirming that you have read and understood the *Intercollegiate MRCS Regulations*  Yes  No

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– DECLARATION** (to be signed by the candidate)

I declare to the best of my knowledge that all the information given on this form is a true statement of fact. I have read and understood the regulations relating to the Intercollegiate Membership Examination.

Signature of candidate: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
(Day/Month/Year)

All personal information held by the examinations section or department of the UK Surgical Royal Colleges 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 four 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.

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**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 6 – RELEASE OF RESULTS** (this section is optional)

I authorise the examinations section or department of the examining college to release my results to the surgical tutor or postgraduate dean.

Name:

\_\_\_\_\_  
(CAPITAL LETTERS)

Signature of candidate: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
(Day/Month/Year)



## METHOD OF PAYMENT

- > Candidates applying for an examination for which the fees are not paid in pounds sterling (GBP) or for which the application form, fees and documentation have to be sent directly to an overseas centre **cannot pay by credit or debit card.**
- > Please note that payment by personal cheque is not acceptable at The Royal College of Surgeons in Ireland.
- > The **only** credit/debit cards accepted by The Royal College of Physicians and Surgeons of Glasgow are Visa, Mastercard and Switch.
- > None of the Surgical Royal Colleges accept American Express.
- > Three-digit credit/debit card security number is required by The Royal College of Physicians and Surgeons of Glasgow and The Royal College of Surgeons of Edinburgh.
- > For those applying to The Royal College of Surgeons in Ireland, The Royal College of Surgeons of England or The Royal College of Surgeons of Edinburgh and wishing to apply online, please access the relevant website.

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 back of cheque. Note that payment by personal cheque is not acceptable at The Royal College of Surgeons in Ireland.

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

### CREDIT CARD/DEBIT CARD

I wish to pay by: VISA  Mastercard  Switch  Delta  (tick as appropriate)  
Solo  VISA debit  Maestro

Card number: \_\_\_\_\_

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

Debit card issue number (if applicable): \_\_\_\_\_

Amount authorised to be withdrawn: \_\_\_\_\_

For details of current examination fees, please refer to examinations calendar.

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

Signature of cardholder: \_\_\_\_\_

Date: \_\_\_\_\_

**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  
Email address:  
examinations@rcsed.ac.uk  
www.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  
Email address:  
exams@rcseng.ac.uk  
www.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 248 3414  
Charity No. SC000847  
Email address:  
exam.office@rcpsg.ac.uk  
www.rcpsg.ac.uk

**The Royal College of Surgeons in Ireland**

123 St Stephen’s Green  
Dublin 2  
IRELAND  
Tel no: 00 353 1402 2221  
Fax no: 00 353 1402 2454  
Charity No. CHY 1277  
Email address:  
examinations@rcsi.ie  
www.rcsi.ie



**EQUAL OPPORTUNITIES MONITORING (OPTIONAL)**

The Royal Colleges of Surgeons of Great Britain and in Ireland aim to ensure fair treatment in relation to admission and assessment of examination candidates. The Colleges aim to assess candidates on the basis of ability, regardless of gender, colour, ethnic or national origin, race, disability, age, socio-economic background, religious or political beliefs, family circumstances, marital status, sexual orientation or other irrelevant distinction. Completing this form will allow us to monitor our statistics and ensure that we are not discriminating in any way.

In line with UK legislation and good practice guidelines, we are asking everyone 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.

**Gender**

- Female
- Male

**Ethnicity**

Choose one selection from the list below to indicate your cultural background.

**Nationality** .....

**Do you consider your first language to be English**

- Yes
- No

**a) White**

- British
- Irish
- Any other White background

**Do you have a disability** under the terms of the Disability Discrimination Act 1995 (a person with a physical or mental impairment that affects your ability to carry out normal day to day activities which are substantial, adverse and long term)?

- Yes
- No

**b) Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

**What is your sexual orientation?**

- Bisexual
- Heterosexual
- Lesbian or gay

**c) Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

**What is your religion or belief?**

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion/belief

**d) Black or Black British**

- Caribbean
- African
- Any other Black background

**e) Chinese or other ethnic group**

- Chinese
- Any other background

Indicate a more specific category here:

\_\_\_\_\_

Indicate a more specific category here:

\_\_\_\_\_

*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.*