

INTERCOLLEGIATE DO-HNS APPLICATION FORM - PART 1 (MCQ)
Intercollegiate Diploma in Otolaryngology – Head and Neck Surgery

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: _____

Reasonable Adjustment Requests

I am requesting a reasonable adjustment under the Reasonable Adjustments Policy and I enclose the required documentary evidence.

Please note that you must send the required documentary evidence to the examinations department of the College to which you are applying within one week of application, or it may not be possible to accommodate the request.

SECTION 1 – APPLICATION

I wish to apply for DO-HNS Part 1 (MCQ) to be held on: ____/____/____
Day/ Month/ Year

College to which you are applying:

Edinburgh England Glasgow Ireland

I enclose the required fee of _____ as shown in the current College examinations calendar.
Note: the fee must be submitted in £ sterling for Edinburgh, England or Glasgow or in Euro for Ireland.

Please list the College(s) and date(s) of any previous attempts at the Intercollegiate DOHNS Part 1 since April 2013.

Date of sitting: ____/____/____ **Centre:** _____
Day Month Year

Date of sitting: ____/____/____ **Centre:** _____
Day Month Year

Date of sitting: ____/____/____ **Centre:** _____
Day Month Year

Date of sitting: ____/____/____ **Centre:** _____
Day Month Year

Date of sitting: ____/____/____ **Centre:** _____
Day Month Year

DO-HNS Part 1 and Part 2 may be taken in any order. If you have already gained a pass in Part 2 please state the College and date of sitting.

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

Please note that the award of the Diploma will be made by the College where you sit and pass the DO-HNS Part 2. If this is at a different College to your Part 1 application you must on successful completion of DO-HNS Part 1, forward the evidence of the result to the relevant College in order to gain the award of the Intercollegiate Diploma in Otolaryngology – Head and Neck Surgery.

Notes:

1. You can enter any part of the examination through any College but may only enter with one College at each sitting.
2. If you enter an examination with more than one of the four Colleges at the same sitting, you will forfeit the fees for each additional application.
3. **Resit candidates:** If you are applying to sit the examination through the same College you are required to submit another application form, 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: 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:

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

4.2 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?	yes	no
➤ Complete and up-to-date contact information	<input type="checkbox"/>	<input type="checkbox"/>
➤ Full examination fee	<input type="checkbox"/>	<input type="checkbox"/>
➤ Paperwork relating to a Reasonable Adjustment request (as required)	<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"/>
➤ If your name does not appear on the GMC or IMC Register, a certified copy of your primary medical degree certificate	<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 Diploma in Otolaryngology – Head and Neck Surgery</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). In addition, for the purposes of checking eligibility, results data is shared between the four Surgical Royal Colleges of Great Britain and Ireland via the ICBSE.

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 Diploma in Otolaryngology – Head and Neck Surgery (DO-HNS)* 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 or have exceeded the permitted number of attempts, I am not permitted to apply for the DO-HNS examination. I understand that seeking to gain, or provide, an unfair advantage in the examination by removing or sharing confidential examination content is strictly prohibited and the Colleges reserve the right to contact the individual's regulatory body and take legal action where appropriate. In particular, sharing of examination content, whether verbally, electronically or by any other means represents a breach of conditions of entry and will be dealt with accordingly.

Signature of candidate: _____ Date: ____/____/____
Day/ Month/ Year

All personal information held by the four Surgical Royal Colleges of Great Britain and Ireland will be held in accordance with the General Data Protection Regulation. Any data collected may be exchanged between the four Surgical Royal Colleges via ICBSE but will not be released elsewhere without your permission. Your information will be held in line with the retention schedule of the College you applied to and information relating to the retention schedule can be supplied on request.

In the unlikely event that the Surgical Royal Colleges of Great Britain and in Ireland have to cancel the examination, the examination fee shall be reimbursed, but the Surgical Royal Colleges 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
Nicolson Street
Edinburgh
EH8 9DW
Tel no: 0131 527 1600
Fax no: 0131 668 9231
Charity No. SC028302
Email 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 7405 3474
Fax no: 020 7869 6290
Charity No. 212808
Email 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 248 3414
Charity No. SC000847
Email address:
dohns@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 2470
Charity No. CHY 1277
Email address:
ssgsara@rcsi.ie

EQUAL OPPORTUNITIES MONITORING

The four Surgical Royal Colleges 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, and a 'prefer not to say' option is provided, 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 held in accordance with the General Data Protection Regulation and held in line with the retention schedule of the College you applied to. Information relating to the retention schedule can be supplied on request. Your information will be 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