

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:

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 Part A (MCQ)to be held on ____/____/____
Day/ Month/ Year

In which country would you like to sit the exam? _____

*Please note that it may not always be possible to provide a test centre seat in the country you request above, and Pearson Vue are not able to operate in certain countries.

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, 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"/> Aberdeen | <input type="checkbox"/> Exeter | <input type="checkbox"/> Lancaster |
| <input type="checkbox"/> Anglia Ruskin | <input type="checkbox"/> Glasgow | <input type="checkbox"/> Manchester |
| <input type="checkbox"/> Aston | <input type="checkbox"/> Hull, York | <input type="checkbox"/> Newcastle upon Tyne |
| <input type="checkbox"/> Belfast – Queen's University | <input type="checkbox"/> Keele | <input type="checkbox"/> Norwich – UEA |
| <input type="checkbox"/> Birmingham | <input type="checkbox"/> Kent and Medway | <input type="checkbox"/> Nottingham School of Medicine |
| <input type="checkbox"/> Brighton and Sussex | <input type="checkbox"/> Leeds | <input type="checkbox"/> Nottingham, Lincoln |
| <input type="checkbox"/> Bristol | <input type="checkbox"/> Leicester | <input type="checkbox"/> Oxford |
| <input type="checkbox"/> Buckingham | <input type="checkbox"/> Liverpool | <input type="checkbox"/> Plymouth Peninsula |
| <input type="checkbox"/> Cambridge | <input type="checkbox"/> London – Barts and the London | <input type="checkbox"/> Sheffield |
| <input type="checkbox"/> Cardiff – University of Wales | <input type="checkbox"/> London – Brunel | <input type="checkbox"/> Southampton |
| <input type="checkbox"/> Central Lancashire | <input type="checkbox"/> London – GKT | <input type="checkbox"/> St Andrews, Dundee |
| <input type="checkbox"/> Derby | <input type="checkbox"/> London – Imperial College | <input type="checkbox"/> Sunderland |
| <input type="checkbox"/> Dundee | <input type="checkbox"/> London – QMUL | <input type="checkbox"/> Swansea |
| <input type="checkbox"/> Durham – Stockton | <input type="checkbox"/> London – School of Hygiene & Tropical Medicine | <input type="checkbox"/> Warwick |
| <input type="checkbox"/> Edge Hill | <input type="checkbox"/> London – St George's | |
| <input type="checkbox"/> Edinburgh | <input type="checkbox"/> London – UCL | |

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 | <input type="checkbox"/> Defence |

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"/>
➤ 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"/>
➤ Paperwork relating to a Reasonable Adjustment request (as required)	<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 the United Kingdom and in Ireland</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 the United Kingdom and in 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 Membership Examination of the Surgical Royal Colleges of the United Kingdom and in 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.

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 the United Kingdom and in 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 the United Kingdom and in Ireland have to cancel the examination, the examination fee shall be reimbursed, but the Surgical Royal Colleges of the United Kingdom and in 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.
- Candidates should contact the relevant College using the contact details below to arrange payment of their examination fee.

The Royal College of Surgeons of Edinburgh

Nicolson Street
Edinburgh
EH8 9DW
Tel no: 0131 527 1600
Charity No. SC028302
E-mail address:
surgical.exams@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
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
Charity No. SC000847
E-mail address:
mrcsa@rcpsg.ac.uk

The Royal College of Surgeons in Ireland

123 St Stephens Green
Dublin 2
Ireland
Tel no: 00 353 1402 2221
Charity No. CHY 1277
E-mail address:
mrcsexams@rcsi.ie

EQUAL OPPORTUNITIES MONITORING

The Royal Colleges of Surgeons of the United Kingdom and in 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 2016 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
☐ Non-binary
☐ Transgender
☐ Prefer not to say
☐ Other (write in)

Ethnicity

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

a) White

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

b) Mixed / Multiple Ethnic Groups

- ☐ White and Asian
☐ White and Black African
☐ White and Black Caribbean
☐ 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/Straight
☐ Lesbian or Gay
☐ Prefer not to say
☐ Other (write in)

Marital Status

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

What is your religion or belief?

- ☐ Buddhist
☐ Christian
☐ Hindu
☐ Jewish
☐ Muslim
☐ No religion
☐ Sikh
☐ Prefer not to say
☐ Other religion/belief (write in)