

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: \_\_\_\_\_

**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 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, 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?**

	<b>yes</b>	<b>no</b>
➤ Complete and up-to-date contact information	<input type="checkbox"/>	<input type="checkbox"/>
➤ 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"/>
➤ 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). 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 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.

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 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](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 7405 3474  
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:  
[mrscsb@rcpsg.ac.uk](mailto: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](mailto:ssgsara@rcsi.ie)

INTERCOLLEGIATE MRCS APPLICATION FORM - PART B (OSCE)  
**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