

SECTION 2 – Choice of Examination Centre

The number of places available at any one centre is limited. Candidates are asked not to apply until the opening date of their chosen examination session. You will be allocated to a centre in the order of your preference. If your choice of centre is already full, you will automatically be allocated to your next choice. Please note that it may not always be possible to allocate you in a centre of your choice.

UK EXAMINATION CENTRE (for entrants in the UK only)

Please insert 1, 2 and 3 in the appropriate boxes to indicate your FIRST, SECOND and THIRD choice of centre:

Your application MUST be sent to the appropriate Administration Office based on your first-choice centre (see list below). Applications sent to the wrong Administration Office will be returned.

EDINBURGH Administration Office	GLASGOW Administration Office	LONDON Administration Office
<input type="checkbox"/> Aberdeen	<input type="checkbox"/> Belfast	<input type="checkbox"/> Birmingham
<input type="checkbox"/> Edinburgh	<input type="checkbox"/> Glasgow	<input type="checkbox"/> Bristol
<input type="checkbox"/> Leicester	<input type="checkbox"/> Leeds	<input type="checkbox"/> Cambridge
<input type="checkbox"/> Manchester	<input type="checkbox"/> Liverpool	<input type="checkbox"/> Cardiff
<input type="checkbox"/> Newcastle		<input type="checkbox"/> London
<input type="checkbox"/> Sheffield		<input type="checkbox"/> Oxford
		<input type="checkbox"/> Southampton
Examinations Department Royal College of Physicians of Edinburgh, 9 Queen Street Edinburgh EH2 1JQ Tel: 0131 225 7324 Fax: 0131 226 6124 Email: mrcpukpart1@rcpe.ac.uk	Examinations Unit Royal College of Physicians and Surgeons of Glasgow 232–242 St Vincent Street, Glasgow G2 5RJ Tel: 0141 221 6072 Fax: 0141 241 6222 Email: part1registration@rcpsg.ac.uk	Exams Candidate Office Royal College of Physicians of London 11 St Andrews Place Regent's Park, London NW1 4LE Tel: 020 7935 1174 Fax: 020 7486 8401 Email: part2written@mrcpuk.org

OVERSEAS CENTRES Please see notes on page 5 and refer to the www.mrcpuk.org website for contact details

SECTION 3 – Proposer

You must hold at least 12 months medical experience since graduation, ie have completed Foundation Year 1 or equivalent, and your application must be supported by your current or most recent Educational Supervisor or Supervising Consultant (referred to below as your Proposer).

Please read the following statement and **tick the box** to confirm that your Proposer has endorsed your application. You must then complete **your Proposer's details** below in BLOCK CAPITALS. Failure to correctly complete this information may result in your application being rejected.

"I confirm that I have discussed my application to attempt the MRCP(UK) Part 1 Examination with my Educational Supervisor or Supervising Consultant. In ticking the following box, I verify my Proposer has authorised the use of his/her details and endorses my application to take the examination."

PROPOSER'S TITLE (Dr/Prof/etc) _____ **GMC NUMBER** (if applicable)

LAST NAME (BLOCK CAPITALS) _____

FORENAMES (BLOCK CAPITALS) _____

CORRESPONDENCE ADDRESS _____

City _____ Postcode _____ Country _____

EMAIL

Note to candidates: It is your responsibility to ensure that the Proposer details you provide are accurate and complete. Personal information is collected by the Colleges for the purpose of administration of your application for entry to the MRCP(UK) Examination. This information will not be disclosed to any third party but may be used to verify your suitability for the MRCP(UK) Examination. In addition, your Proposer may be notified in the event of poor performance and recommendation sought regarding the deferral of any future attempts at the MRCP(UK) Examination. Should the information provided be incomplete or inaccurate the Colleges reserve the right to pursue this matter with you.

SECTION 4 – Registration with the General Medical Council (GMC) or equivalent body

GMC NUMBER:

--	--	--	--	--	--	--	--

(If you are or have been registered with the GMC, you must include your GMC number)

If you have been erased from the GMC (or equivalent) register for reasons related to fitness to practice, you are not permitted entry to any MRCP(UK) Examination. If you have been suspended from the GMC (or equivalent) register, you are not permitted entry to any MRCP(UK) Examination for the duration of the suspension.

If you are subject to any warning, interim orders, undertakings or conditions on your practice from the GMC (or equivalent body,) you **must** submit a completed *MRCP(UK) and Specialty Certificate Examinations Candidate Declaration Form* with **each** application. Permission to enter any MRCP(UK) Examination will be at the discretion of the MRCP(UK) Medical Director. (Please see notes on Page 5.)

Are you currently subject to any warning, interim orders, undertakings or conditions on your practice from the GMC (or equivalent body)? YES / NO (please circle)

SECTION 5 – Request for special arrangements

It is your responsibility to notify the Examinations Department of any special requirements in writing at the time of application. Applications for special arrangements on medical or compassionate grounds must be supported with medical certification.

You should not assume that previously agreed special arrangements will be carried forward to a future examination and the Colleges expect to be notified of any request at each examination attempt. Details of any agreed special arrangements will be recorded electronically against your record and used for monitoring the effectiveness of the Colleges' processes.

Please specify requested arrangements below:

SECTION 6 – Further information

The Royal Colleges of Physicians would like to send you information about their MRCP(UK) Examination preparation and revision activities such as courses, distance-learning materials and other educational initiatives (please tick appropriate box):

- Yes, I would like to receive this information No, I do not wish to receive this information

SECTION 7 – Payment details

NAME (BLOCK CAPITALS) _____

DATE OF BIRTH: ____ / ____ / ____
DD MM YY

I authorise you to debit my account with the amount of £ _____

Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--

Valid from

--	--	--	--

M M Y Y

Expiry date

--	--	--	--

M M Y Y

Maestro/Switch Issue Number

--	--

(if applicable)

security number*

Cardholder name

Signature

Contact (daytime) telephone number: _____

*This is the last three numbers on the back of your card. Please note you must provide the security number

If paying by credit/debit card please indicate card type:

- Visa MasterCard Delta Maestro/Switch

FOR OFFICE USE ONLY

FEE ENCLOSED:

£

PLEASE DO NOT SEND CASH THROUGH THE POST

Please indicate type of payment:

- Cheque on UK bank (payable to 'Royal College of Physicians')
 Banker's draft
 Credit/Debit card
 Cash

MRCP(UK) Part 1 Examination Agreement – Form B

NAME (BLOCK CAPITALS): _____

DATE OF BIRTH: ____ / ____ / ____
DD MM YY

I confirm that the information given on this form is true, complete and accurate and that no information requested or other material or information has been omitted. I have read and understood the most recent MRCP(UK) Rules and Regulations and any subsequent updates as displayed on the MRCP(UK) website (see Regulations). I understand that my entrance to the Examination may be forfeited if any information or documentation requested is not correct or is omitted.

I have submitted the following information, documentation and payment details with my signed and completed application form, prior to the closing date (*please tick where applicable*):

The Examination fee, in sterling, paid by cheque, banker's draft, credit card or debit card (or cash – IN PERSON AT THE ADMINISTRATION OFFICE ONLY).

- If by cheque, I have dated, signed and made the cheque payable to 'Royal College of Physicians'. I have also written my name and date of birth (or RCP code number, if I am a re-entrant) on the reverse of the cheque.
- If by credit card or debit card, I have supplied my full card details.

I will ensure that funds are available to honour the payment transaction of the Examination fee, anytime between submitting the application form and the examination date.

If my payment is declined it is my responsibility to submit payment in cleared funds such as a banker's draft.

If I require a visa to sit the Examination in the UK, I accept that it is my responsibility to ensure that I apply for a visa in time for the Examination. I understand that a refund will not be given if I cannot attend the Examination due to visa-related problems. I am submitting a signed written letter with my application form, clearly stating that I will be seeking to obtain a visa. I understand the Royal Colleges of Physicians strongly advise me to submit my application form, documentation and accompanying letter, to reach the appropriate Administrative Office by 5pm, two weeks prior to the Examination closing date but no earlier than the published application opening date.

If my application is incomplete I accept that it is my responsibility to ensure that any issues are resolved, and that by applying I have committed to paying the examination fee. If I do not take the necessary steps to complete my application I understand that I may lose my place at the examination and will incur the full examination fee, irrespective of my attendance at the examination. I accept that I will not be eligible for future examinations until this application is complete.

I understand that I cannot have my application or fee transferred to the next Examination.

I agree that if I withdraw I cannot re-enter the Examination during the current diet or have my application or fee transferred to the next Examination.

If my circumstances change regarding special arrangements, I will notify the Administration Office immediately in writing.

I accept that applications submitted by fax (or photocopied signatures) will not be accepted for reasons of confidentiality and security.

I am submitting my application form to the appropriate Administration Office (which is dependent on my first choice).

I agree that if any of the above is not correct or is not fully met the Royal Colleges of Physicians reserve the right to cancel my application and I will not be permitted to re-apply until the next diet.

I understand that information requested will be used by the Colleges for administrative purposes, and to meet its statutory obligations.

I confirm that I have discussed my application with my Educational Supervisor or Supervising Consultant and that my application to take the exam has been endorsed by them.

SIGNATURE: _____

DATE: ____ / ____ / ____

Please note that all information provided on this form will be treated in strict confidence, and will not be released to any third party. It will be used solely by the Royal Colleges of Physicians for the purpose of processing your application and, providing you have agreed, to communicate details of educational activities and materials which may be of interest to you.

MRCP(UK) Part 1 Application Form B – Notes

Please read the MRCP(UK) Examination Regulations carefully before completing this application form. Your application must be received no later than 5.00 pm on the closing date shown on the examination calendar. APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE ACCEPTED AND NO ALLOWANCE CAN BE MADE FOR POSTAL DELAYS. Receipt of applications will be acknowledged in due course.

If you are re-entering the Examination for a second or subsequent attempt, Form B is the only form that is required. If you are re-entering Part 1 after your time limit has elapsed, you must also submit Form A.

CODE NUMBER You will be issued with a code number upon acceptance to the Part 1 Examination. This will be unique to you and will be your identification for as long as you remain a candidate in the MRCP(UK) Examination. Please quote your code number in all correspondence with the Colleges. **If you are re-entering the Examination but have misplaced your code number, please ensure that you have entered your full names, date of birth and degree on this form.**

REGISTRATION WITH THE GENERAL MEDICAL COUNCIL (GMC) OR EQUIVALENT BODY Candidates who are subject to any warning, interim orders, undertakings or conditions on their practice from the GMC (or equivalent body) may be permitted to enter an MRCP(UK) Examination at the discretion of the MRCP(UK) Medical Director. Such candidates are required to complete and submit an *MRCP(UK) and Specialty Certificate Examinations Candidate Declaration Form* with **each** application for an MRCP(UK) Examination. The *Declaration Form* can be downloaded from the Application page of the Part 1 section of the MRCP(UK) website, and should be submitted with this application form.

CURRENT POST Specify a locum post but do not include attachments. This information is recorded and kept for statistical purposes.

OVERSEAS CENTRES Only doctors resident or working in the country of the examination centre are usually eligible to sit in those centres (please refer to the appropriate section in the Regulations or www.mrcpuk.org for further information and the addresses of these centres). You should apply directly to the appropriate centre for details. Only limited numbers of places are available and the selection of candidates is the responsibility of the overseas centre concerned. Please note that each centre does not necessarily offer the examination at every sitting.

NB: The Colleges cannot intervene when an overseas examination centre is full. In such circumstances, candidates may re-apply at the next available sitting or apply to take the examination in the UK.

PROPOSER Applications for the MRCP(UK) Part 1 Examination must be supported by your current or most recent Educational Supervisor or Supervising Consultant (referred to as your Proposer). Your Proposer is not required to hold MRCP(UK) or FRCP(UK).

By ticking the disclosure box on the form you confirm that your application has been discussed with, and is endorsed by, your Proposer and that they are satisfied of your readiness to sit the examination. You must ensure that your Proposer's details are accurately completed on the application form. Failure to tick the disclosure box or provide full and correct Proposer information will render your application incomplete, in which case it may be rejected.

Please note that verification of support may be sought through direct communication with your Proposer.

EXPERIENCE In order to be eligible to sit the MRCP(UK) Part 1 Examination you must hold at least 12 months medical experience since graduation, ie have completed Foundation Year 1 or equivalent.

EXAMINATION FEES Fees are published on the examination calendar and are revised annually. Fees are likely to increase from the first Examination of each year. Cheques should be made payable to 'Royal College of Physicians'. Please write your name and date of birth (or RCP code number if you are a re-entrant) on the back of the cheque.

Candidates from overseas should ensure that their cheques yield the correct fee in Sterling AFTER deduction of bank charges. Bankers drafts drawn on a UK bank are preferable. Bankers drafts should be valid for at least three months after the examination date. **Please note that your application will be incomplete unless you provide a security number (see credit card payment section above).**

RESULTS All candidates, both pass and fail, will be able to view their results on the MRCP(UK) website www.mrcpuk.org. You will not be identified by name, but both your RCP Code number and Examination number will be listed. It is therefore important that you remember both your RCP Code number and Examination number. If you do not wish to have your results appear on the website you must inform the College administering your application when submitting your application form. **Results cannot be given over the telephone, by fax or e-mail, or collected from the Colleges. No list will be published in the Colleges.**

Please note that you cannot apply to sit the Part 2 Written or Clinical Examination until the pass result for your Part 1 Examination has been confirmed. Similarly you cannot re-enter the Part 1 Examination until your results are received.

CHECK LIST

For re-entry, send:

- Completed Form B;
- Fee in Sterling (please check current amount).
- MRCP(UK) and Speciality Certificate Examinations Candidate Declaration Form (if applicable.)

For first-time entry, send:

- Completed Form A;
- Completed Form B;
- Fee in Sterling (please check current amount).
- MRCP(UK) and Speciality Certificate Examinations Candidate Declaration Form (if applicable.)
- Diploma of Primary Medical Qualification (original or attested copy only) or General Medical Council (GMC) (UK) Registration Number (meaning your details appear on the GMC website). Please refer to the notes section on page 3 of Form A;

Copies of certificates and/or official translations will only be accepted if they have been prepared and/or attested by one of the following:

1. The issuing University or Medical School
2. A British Consulate or British Council
3. Your own Embassy or High Commission in the United Kingdom.
4. A Fellow or Member of the College

For further information see the MRCP(UK) website www.mrcpuk.org