



MRCP(UK) Form of Faith and Testimonial Application Form

- Section 1 must be completed in full and signed by the candidate for election to MRCP(UK) membership.
- Section 2 must be completed in full and signed by a Proposer who holds the relevant qualifications
- All sections **must** be completed in full in order for the candidate to be elected.

SECTION 1 – For completion by the Candidate for election

Please see Notes Section 1 for information and advice on completing this form.

LAST NAME (BLOCK CAPITALS)

FORENAME(S)

CODE NUMBER

GMC NUMBER

LAST EXAM PART PASSED (PART 2 WRITTEN/PACES – PLEASE STATE WHICH)

DATE OF LAST EXAM PART PASSED

IF PACES – VENUE OF LAST EXAM PART PASSED

Do you currently have any constraints on your practice from the General Medical Council or any equivalent body?:

YES

NO

IF YES, PLEASE GIVE FULL DETAILS...

Please attach to this Form of Faith any additional documentation regarding any constraints.

SIGNED

DATE

In signing this form for election to MRCP(UK) membership I agree to comply with the following statement:

"I hereby faithfully promise to abide by the Laws, Bye-Laws, Statutes and Regulations of the Royal Colleges of Physicians of the United Kingdom, as they apply to Members of the Royal Colleges of Physicians of the United Kingdom, as from time to time modified, amended or re-enacted and to keep myself informed of advances in medicine and I confirm that the information given on this form is true, complete and accurate and that no information requested or other material information has been omitted. I have read and understood the MRCP(UK) Regulations and understand that my election membership may be forfeited if any information or documentation requested is not correct or is omitted. Failure to complete this form in full will result in a delay to my election".



ROYAL COLLEGE OF
PHYSICIANS OF EDINBURGH



ROYAL COLLEGE OF
PHYSICIANS AND SURGEONS
OF GLASGOW



ROYAL COLLEGE OF
PHYSICIANS OF LONDON

SECTION 2 – For completion by the Proposer

Please see Notes Section 2 for information and advice on completing this form.

PROPOSER'S FULL NAME (BLOCK CAPITALS)

PROPOSER'S GMC NUMBER

FULL ADDRESS (WORK)

POST CODE

CITY

COUNTRY

DATE OF BIRTH (DD/MM/YYYY)

TELEPHONE

EMAIL ADDRESS

PROFESSIONAL APPOINTMENT

CLINICAL CONNECTION WITH APPLICANT

RELEVANT QUALIFICATION

YEAR OF ELECTION

SIGNED

DATE

By signing this form the Proposer complies with the following statement:

"In submission of the information, I certify from personal knowledge and repute that the above candidate for election to MRCP(UK) has relevant competencies in General and Acute Medicine, and is, with regard to character and professional conduct, a fit and proper person to be elected to Membership of the Royal Colleges of Physicians of the UK".



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NOTES SECTION 1 – MRCP(UK) APPLICATION FORM CANDIDATE GUIDANCE NOTES

- The last names and forename(s) on this form must correspond to those given on the application forms you completed when you originally entered the MRCP(UK) Examination unless you have since changed your name by Deed Poll or marriage and have notified the College of Entry accordingly. Any difference will lead to a delay in your election.
- If you hold registration with the General Medical Council (GMC) at the time of application or at any time previously you are required to enter your GMC Number on the Form of Faith for election.
- If you have any constraints on your practice from the General Medical Council (or any equivalent body outside of the UK), you are required to submit details of these. You are advised that failure to declare this information will result in penalties being applied as defined in the MRCP(UK) Academic and Professional Misconduct Policy which can be found on the MRCP(UK) website.
- Following your completion of all parts of the MRCP(UK) Examination, please ensure that this form is fully completed and returned to the College of Entry through which you sat your last MRCP(UK) Part 2 Clinical Examination (PACES) (irrespective of whether you completed the Part 2 Written Examination or PACES last). Alternatively, if you plan on attending an admission ceremony, please return this form to the College through which you will be attending a ceremony.
- Original forms must be submitted as photocopies and faxed versions will not be accepted.

NOTES SECTION 2 – MRCP(UK) APPLICATION FORM PROPOSER GUIDANCE NOTES

- Testimonials will only be accepted from Fellows of any Royal College of Physicians of the UK, and Members of the Colleges who have held MRCP(UK) for at least 8 years. All Proposers must be in good standing. Fellows and Members of non-UK Royal Colleges are not permitted to sign this form.
- The Colleges fully expect Fellows or Members to refuse to sign testimonials for candidates whose training is considered to be unsuitable or who are regarded as being unfit in moral character or professional conduct to be admitted to the examination.