

SECTION 3 – GMC Registration

To complete this section, please log on to the GMC website, click on 'Check a Doctor's Registration'

Are you currently registered with the General Medical Council of the United Kingdom (GMC)? YES / NO (please circle)

If registered, please indicate category: FULL / PROVISIONAL / LIMITED (please circle)

DATE OBTAINED: ____ / ____ / ____
DD MM YY

GMC NUMBER:

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MRCP(UK) Examination Agreement – Form A

_____ [FULL NAME IN BLOCK CAPITALS]

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I have read and understood the MRCP(UK) Rules and 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 and documentation, with my signed and completed application form, prior to the closing date (please tick where applicable):

1. Documentation

- a) Original primary medical degree certificate **OR**
- b) an authenticated copy of my original primary medical degree certificate **OR**
- c) an authenticated translation of my original primary medical degree certificate **OR**
- d) my GMC number (UK General Medical Council Full/Limited/Provisional Registration).

I accept the Royal College of Physicians can only accept authenticated copies of original documents if they have been attested and prepared by:

The issuing University or Medical School **OR**

A British Consulate or British Council **OR**

The Candidate's own embassy or High Commission in the United Kingdom.

I accept that any original documents submitted with my application form cannot be collected from administration offices.

All original documents are posted back to candidates. This can take several weeks. For this reason, and because of possible postal delays, candidates are advised to obtain an attested copy for their records and to submit their original primary medical degree certificate to the Royal College of Physicians. As all applications are dealt with on a first come, first served, basis, administration office staff cannot under any circumstances prioritise the return of original certificates.

2. Initial Expansion and Name Discrepancies

Where applicable, a document to expand all initials or clarify any name abbreviations and discrepancies on my primary medical degree certificate, must be submitted. The document states that I am (in my full name) the same person named on the primary medical degree certificate. The document is in the form of (please tick if applicable):

- a) an original certificate from the issuing university **OR**
- b) an original affidavit from a solicitor.

I accept incomplete applications may be returned or the processing of the form will be delayed significantly.

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.

I understand that faxed applications or photocopied signatures will not be accepted for reasons of confidentiality and security.

I agree to the above, if any of the above is not correct or is not fully met the Royal College of Physicians reserves the right to reject 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.

SIGNATURE: _____

DATE: ____ / ____ / ____
DD MM YY

MRCP(UK) Examination Application Form A – Notes

Please read the MRCP(UK) Examination Regulations carefully before completing this form as incomplete applications will be returned.

You are required to complete Form A if you are:

- ▶ entering Part 1 for the first time
- ▶ returning to Part 1 after the expiry of seven years from when you originally passed Part 1
- ▶ claiming exemption from the Part 1 or Part 2 Written Examination

CODE NUMBER

You will be issued with a code number (six digits in length) 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 this number in all future correspondence with the Colleges.

SECTION 1

1.1 Family/Last Name and Forename(s) Please give your full name EXACTLY as it appears on the Diploma of your PRIMARY MEDICAL QUALIFICATION unless you have since changed your name by marriage or Deed Poll. Any initial, abbreviation, change in the order, number and spelling of names will require that you produce original documentary evidence to explain the discrepancy as stated in the MRCP(UK) Part 1 Agreement form.

1.2 Former Name/Maiden Name Only applicable if you have changed your name by either Deed Poll or marriage. Writing your former name in here will help prevent us from duplicating your entry on the College computer system.

1.3 Correspondence address The address you provide will be used for all correspondence including the address to which your admission document will be sent. If using a Hospital address, please also give the relevant Department. If your address changes, please notify your Administration Office in writing as soon as possible.

SECTION 2

2.1 Degree The abbreviation of the title of degree awarded, for example, Doctor of Medicine = MD, Bachelor of Medicine and Bachelor of Surgery = MBBS.

Please write the name of your primary medical qualification exactly as it appears in the WHO world directory of medical schools. If your qualification cannot be identified, your application will be returned.

2.2 Date conferred The date on which the degree certificate was conferred upon you (usually the ceremony date or the date you passed your final examination, whichever is earlier). If you have not received your certificate, a provisional certificate issued from the University is acceptable.

2.3 Issuing University

The full name of the University of your instruction.

2.4 Medical School Name of College attached to the University.

2.5 City The city in which the University is located.

2.4 Country The country the University is in.

SECTION 3

Documentary evidence of qualification

If you have Full, Limited or Provisional Registration with the General Medical Council and you appear on the GMC website (www.gmc-uk.org), YOU DO NOT NEED to submit documentary evidence of your primary medical qualification. YOU MUST however complete Section 3, Form A to include your GMC number, the year and month you obtained your degree and the category of Registration you have obtained.

If you are NOT REGISTERED with the General Medical Council, you MUST submit documentary evidence of your primary medical qualification (ORIGINAL or AUTHENTICATED COPY, please refer to the MRCP(UK) Part 1 Agreement – Section 1 on Documentation or to the MRCP(UK) Regulations).

CHECK LIST

For first-time entry to Part 1, candidates should send:

- Form A
- Form B
- Diploma of Primary Medical Qualification **OR** (for doctors who hold GMC registration and appear on the GMC website), the candidate's GMC number which should be entered on application forms A and B in the appropriate places. We do not then require the candidate's actual GMC certificate.
- Fee in Sterling (please check current amount).

To claim exemption from Part 1, candidates should send:

- Form A
- Form C
- Diploma of Primary Medical Qualification **OR** (for doctors who hold GMC registration and appear on the GMC website), the candidate's GMC number which should be entered on application forms A and C in the appropriate places. We do not then require the candidate's actual GMC certificate.
- Exempting postgraduate diploma or attested copy
- Fee in Sterling (please check current amount).

Royal College of Physicians of Edinburgh Examinations Department

9 Queen Street, Edinburgh EH2 1JQ

Tel: 0131 225 7324

Fax: 0131 226 6124

Email: mrcpukpart1@rcpe.ac.uk

Royal College of Physicians and Surgeons of Glasgow Examinations Unit,

232–242 St Vincent Street, Glasgow G2 5RJ

Tel: 0141 221 6072

Fax: 0141 241 6222

Email: part1registration@rcpsg.ac.uk

Royal College of Physicians of London Written Examinations Office

11 St Andrews Place,
Regent's Park, London NW1 4LE

Tel: 020 7935 1174

Fax: 020 7486 8401

Email: PART1UK@mrcpuk.org
overseas.queries@mrcpuk.org

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

Equal Opportunities Monitoring

The Royal Colleges of Physicians of the UK aim to ensure fair treatment in relation to admission and assessment of examination candidates. In line with UK legislation and good practice guidelines we would like to monitor our statistics and ensure that we are not discriminating in any way.

Please help us do this by completing this section. Your answers are voluntary, confidential and will be recorded electronically with your other data in accordance with the Data Protection Act 1998. The information will only be used to monitor our administrative practices, carry out statistical analysis and ensure that we provide equality of opportunity to all.

<p>Gender</p> <p>Female <input type="checkbox"/></p> <p>Male <input type="checkbox"/></p> <p>Ethnic origin</p> <p>Asian or Asian British</p> <p>Bangladeshi <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Malay <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/> <i>please write in below</i> </p> <p>Black or Black British</p> <p>African <input type="checkbox"/></p> <p>Caribbean <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/> <i>please write in below</i> </p> <p>Chinese or Chinese British <input type="checkbox"/></p> <p>Middle East/Arabic</p> <p>Arabic <input type="checkbox"/></p> <p>Any other Middle Eastern background <input type="checkbox"/> <i>please write in below</i> </p> <p>White <input type="checkbox"/></p> <p>Mixed <input type="checkbox"/> <i>please write in below</i> </p> <p>Other ethnic group <input type="checkbox"/> <i>please write in below</i> </p>	<p>Country of nationality</p> <p>.....</p> <p>First language</p> <p>.....</p> <p>Disability</p> <p>Do you have a disability under the terms of the Disability Discrimination Act? (The DDA defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term effect on his or her ability to carry out normal day to day activities.)</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If the answer to the above is yes, would you be prepared to specify which of the areas below is substantially affected in carrying out normal day-to-day activities?</p> <p><input type="checkbox"/> Ability to concentrate, learn or understand (eg dyslexia)</p> <p><input type="checkbox"/> Ability to lift, carry or move everyday objects</p> <p><input type="checkbox"/> Continence</p> <p><input type="checkbox"/> Eyesight</p> <p><input type="checkbox"/> Hearing</p> <p><input type="checkbox"/> Manual dexterity</p> <p><input type="checkbox"/> Memory</p> <p><input type="checkbox"/> Mobility</p> <p><input type="checkbox"/> Physical co-ordination</p> <p><input type="checkbox"/> Speech</p> <p><input type="checkbox"/> Understanding of the risk of physical danger</p> <p><input type="checkbox"/> Would rather not disclose</p>
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