

Section 4 – Candidate Training – Only applicable to those working/training in the UK and/or planning to apply for an ST3 post in the next 12 months. If not go to section 6.

<input type="checkbox"/> CT - Core Medical Training/ACCS	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<input type="checkbox"/> ST – Speciality Training	3 <input type="checkbox"/>
<input type="checkbox"/> LATs	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<input type="checkbox"/> FY – Foundation Year	1 <input type="checkbox"/> 2 <input type="checkbox"/>
<input type="checkbox"/> OOP – Out of Programme	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<input type="checkbox"/> Other – Including GP trainees, non-physician specialities, any level of training not listed or not currently in training programme.	Please specify

Please indicate which deanery/local training provider you will be working with at the time you undertake the examination.

<input type="checkbox"/> East Midlands	<input type="checkbox"/> North of Scotland	<input type="checkbox"/> South West Peninsula
<input type="checkbox"/> East of Scotland	<input type="checkbox"/> North Western	<input type="checkbox"/> Wales
<input type="checkbox"/> Eastern	<input type="checkbox"/> Northern	<input type="checkbox"/> Wessex
<input type="checkbox"/> HM Forces	<input type="checkbox"/> Northern Ireland	<input type="checkbox"/> West Midlands
<input type="checkbox"/> Kent, Surrey and Sussex	<input type="checkbox"/> Oxford	<input type="checkbox"/> West of Scotland
<input type="checkbox"/> London	<input type="checkbox"/> Severn Institute	<input type="checkbox"/> Yorkshire and Humber
<input type="checkbox"/> Mersey	<input type="checkbox"/> South East Scotland	

Section 5 – Registration with the General Medical Council (GMC) or equivalent body

Are you currently subject to any warning, interim orders, undertakings or conditions on your practice from the GMC (or equivalent body)?

Yes No

- 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) 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 4)

Section 6 – Payments

Please note that in order to comply with UK law we cannot accept credit/debit card details sent in by post on a paper form or by email/via the contact form on our website, either in the body text or as attachments. If you do send card details in this manner it is entirely at your own risk. Card details received in emails or as attachments will be immediately deleted and payments will not be actioned. Card payment can only be made online via the application system or by telephone.

For the reasons above we strongly advise you to apply online if at all possible, as this is the quickest and most secure method.

Candidates who cannot apply online are advised to submit this application form, then once confirmation of receipt is received contact MRCP(UK) Central Office (or the local office in the case of Hong Kong or Singapore applicants) to make payment by card over the phone.

It is also possible to pay by cheque/bank draft (payable to 'Royal College of Physicians') or cash.

If paying by cheque or bank draft please tick the box on the front of this form and securely staple the cheque/draft to the front of this form.

Please do not send cash through the post, we will only accept cash payment handed in person.

MRCP(UK) Examination Agreement - Form C

Name (Block Capitals): _____ Date of Birth: ___/___/_____

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 understand that my entrance to the Examination may be forfeited if any information or documentation requested is not correct or is 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 especially with regard to:

- Visa requirements/responsibilities (Visa Statement)
- Withdrawals, refunds and transfers (8)
- Language skills requirements (17)
- Special arrangements/Reasonable adjustments (6.9)
- Application submission (6.3 & 6.7)
- Names (6.6)

I have committed to paying the examination fee and have submitted appropriate payment details in sterling (paid by cheque, banker's draft, credit card or debit card) Cash will only be accepted in person at the Administration Office

- If by cheque, I have dated, signed and made the cheque payable to 'Royal College of Physicians'. I have also written my name and RCP code number 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, at all times 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.

I accept that it is my responsibility, if given the opportunity, to resolve any issues with my application or payment. 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 have discussed my application with my Educational Supervisor or Supervising Consultant and that my application to take the examination has been endorsed by them. In signing this agreement I consent to my personal data and/or results being shared with Deaneries (or their local equivalent for overseas candidates) and GMC, in line with the MRCP(UK) Data Protection Statement, and I understand that this data will be treated in strict confidence and used only for the purpose of assisting the process for speciality training recruitment, quality assurance, research purposes and to facilitate the awarding of certificates of completion of training (CCTs). Please see <http://www.mrcpuk.org/registration/dataprotection.aspx> for more details.

SIGNATURE: _____ DATE: ___ / ___ / _____

MRCP(UK) Part 2 Written Application Form C - Notes

Please read the MRCP(UK) Examination Regulations carefully before completing this application form. Your application must be received no later than 5pm UK time 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.

RCP CODE NUMBER

Please use the six digit code number which has already been issued to you. This number is unique to you and will be your identification for as long as you remain a candidate. Please quote this number in all correspondence with the Colleges. **If you have misplaced your code number, please ensure that you have entered your full names and date of birth on this form.**

SECTION 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.

Correspondence address

The address you provide will be used for all correspondence including the address to which your results letter will be sent. If using a hospital address, please also give the relevant department. If your address changes, please update your details through My MRCP(UK) www.mrcpuk.org or notify your administrative office by email.

SECTION 2

First Choice Examination Centre

With the exception of Singapore and Hong Kong, candidates can apply to sit in any centre running providing they can secure the necessary visa. Applicants for Singapore or Hong Kong should apply directly to the centre. Please note that each centre does not necessarily offer the examination at every sitting. N.B The colleges cannot intervene when an examination centre is full. In such circumstances candidates may re-apply to the next sitting or apply to take the examination at an alternative centre.

SECTION 3

Special Arrangements

It is the candidate's responsibility to notify the Examination Department of any special requirements at the time of application. Applications for special arrangements on medical or compassionate grounds **must** be supported by documentary evidence; those without documentary evidence will not be considered.

SECTION 4

Candidate Training

The candidate should fill in details of training level and the deanery at the time of examination if based in the UK. If you are currently not in UK training please do not fill in this section.

SECTION 5

Registration with the GMC

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 2 Written section of the MRCP(UK) website, and should be submitted with this application form.

SECTION 6

Examination Fee

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, date of birth and RCP code number on the back of the cheque. International candidates should ensure that their cheques yield the correct fee in Sterling AFTER deduction of bank charges. Banker's drafts must be drawn on a UK bank. Banker's drafts should be valid for at least three months after the examination date.

Contact Details

Royal College of Physicians of Edinburgh Examinations Department 9 Queen Street, Edinburgh EH2 1JQ Tel: 0131 225 7324 Fax: 0131 226 6124 Email: s.ross@rcpe.ac.uk	Royal College of Physicians and Surgeons of Glasgow Examinations Unit 242 St Vincent Street, Glasgow G2 5RJ Tel: 0141 221 6072 Fax: 0141 241 6222 Email: mrcpuk@rcpsg.ac.uk	Royal College of Physicians of London Written Examinations Office 11 St Andrews Place Regents Park, London NW1 4LE Tel: 020 3075 1515 Fax: 020 7486 7643 Email: part1@mrcpuk.org
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For further information please see the MRCP(UK) website at www.mrcpuk.org

