

- Please read the MRCP(UK) regulations **BEFORE** completing this form
- Please complete ALL sections and ensure that you date and sign the agreement
- Please complete the form in **BLOCK CAPITALS**.
- Any data collected may be exchanged between different Departments of the Royal Colleges of Physicians of the UK, GMC, deaneries (or their local equivalent for international candidates) and the MRCP(UK) Central Office but will not be released elsewhere without your permission. Please see www.mrcpuk.org/terms-conditions for more details.

| For office use only | |
|---------------------|-------|
| Registered | _____ |
| Incomplete | _____ |
| Entered | _____ |

Section 1 – Personal Details

RCP Code Number (if applicable)

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|--|--|--|--|--|--|
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|--|--|--|--|--|--|

GMC Number (if applicable)

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|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|

Family/Last Name _____

Forename(s) _____

Date of Birth / / Sex: Male Female

Correspondence Address _____

City _____ Post Code _____ Country _____

Mobile Phone No. _____ Home Phone No. _____

Email _____

Section 2 – Registration with the General Medical Council (GMC) or equivalent body

Are you registered with the GMC? Yes No

Are you currently subject to any warnings, 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.

Section 3 – Choice of Examination Centre

For UK candidates, please insert 1, 2 and 3 into the appropriate boxes to indicate your first, second and third choice of centre.

| Edinburgh Administrative Office | Glasgow Administrative Office | London Administrative Office |
|-------------------------------------|----------------------------------|-------------------------------------|
| Edinburgh <input type="checkbox"/> | Belfast <input type="checkbox"/> | Birmingham <input type="checkbox"/> |
| Manchester <input type="checkbox"/> | Glasgow <input type="checkbox"/> | Cardiff <input type="checkbox"/> |
| Newcastle <input type="checkbox"/> | | London <input type="checkbox"/> |

For international candidates, please provide your first three preferences of test centre.

| MRCP(UK) Central Administrative Office | | |
|--|--------------|-------------|
| First _____ | Second _____ | Third _____ |

Please note that your application must be sent to the appropriate administrative office based on your first choice centre. Applications sent to the incorrect administrative office will be returned and not accepted. For address details please see accompanying notes.

Section 4 – Reasonable Adjustments

It is your responsibility to notify the appropriate administrative office of any reasonable adjustments in writing at the time of your application. Applications for reasonable adjustments on medical or compassionate grounds must be supported by documentary evidence; those without documentary evidence will not be considered.

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Section 5 – Candidate Training (only applicable to those working/training in the UK)

| | |
|---|--|
| <input type="checkbox"/> FY – Foundation Year | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| <input type="checkbox"/> CT – Core Medical Training/ACCS | 3 <input type="checkbox"/> |
| <input type="checkbox"/> ST – Specialty Training | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |
| <input type="checkbox"/> LATs | 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, not currently in training programme or any level of training not listed | Please specify: |

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

Payment

In order to complete with UK law, we cannot accept credit/debit card details to us via post or email. If you do send card details in this manner it is entirely at your own risk. Card details sent in this manner will be securely destroyed and will not be actioned. Card payment can only be made online via the application system or by telephone.

It is also possible to pay by cheque/bank draft. This should be made payable to the Royal College of Physicians and must be drawn from a British bank.

We will only accept cash payments handed to the administrative office in person.

MRCP(UK) Examination Agreement

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 Regulations and I understand that my entrance to the examination may be forfeited if any information or documentation requested is not correct or is omitted.

By signing this form I confirm that I understand that all MRCP(UK) examinations operate a No ID, No Entry policy. I agree to bring the correct ID with me, as listed in point 4, section 11.2 of the MRCP(UK) regulations, to the examination or my entry will be denied.

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.

Yes, I would like to receive this information.

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 www.mrcpuk.org/terms-conditions for more details.

Name (block capitals) _____

Signature _____ Date _____

Royal College of Physicians of Edinburgh

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Fax: 0131 226 6124
Email: s.ross@rcpe.ac.uk

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Written Examinations Office
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