MRCPUK

Membership of the Royal Colleges of Physicians of the United Kingdom

Additional attempt form

- Please read the guidance notes **BEFORE** completing this form.
- Please complete ALL sections and ensure that you date and sign the Agreement.
- Please complete the form in black ink (pen or ball point) and in **BLOCK CAPITALS.**
- Send the form to your chosen Administration office no earlier than the published application opening date.
- All personal information held by the Examinations Departments of the Royal Colleges of Physicians of the UK will be held in accordance with the Data Protection Act of 1998 and the Freedom of Information Act 1998. Any data collected may be exchanged between the departments of the Royal Colleges of Physicians of the UK and the MRCP(UK) central office but will not be released elsewhere without your permission. Data will be used in data comparisons to verify qualifications and to prevent fraudulent activity, and may be retained for this purpose.

Section 1 – Personal details (please use block capitals)

RCP Code | | | | | | | |

Family/Last name _____

Forename(s) _____

Place of work _____

Mobile Phone No. _____ Home Phone No. _____

Email | | | | | | | | | | | | | | | | | | | | | | | | |

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Section 2 – Details of the examination you would like to apply for

☐ MRCP(UK) Part 1 Examination

☐ Speciality Certificate Examination (SCE)

☐ MRCP(UK) Part 2 Written Examination

☐ MRCP(UK) Part 2 Clinical Examination (PACES)

Diet _____

Section 3 – Confirmation of additional educational experience (to be completed by the educational supervisor & training programme director (or equivalents))

I confirm that the candidate named above has undertaken additional educational experience to prepare them for the above examination, and I endorse their request for an additional attempt *

Educational supervisor name _____

Place of work _____ Work Phone No. _____

Signature _____

Work email | | | | | | | | | | | | | | | | | | | | | | | | |

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***Please note that as an educational supervisor supporting an additional attempt you may be contacted to verify this form**

Training programme director name _____

Place of work _____ Work Phone No. _____

Signature _____

Work email

Section 4 - MRCP(UK) Examination agreement – Additional attempt form

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 understand falsifying information is an act of misconduct and will be investigated according to the MRCP(UK) Academic Misconduct Regulations. Proven cases of misconduct are routinely reported to the relevant regulatory body (please see the following link for further information - http://www.mrcpuk.org/mrcpuk-examinations/regulations)

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

Candidate name: _____ Date of Birth: ___/___/_____

Signature: _____ Date: _____ / _____ /_____

Contact Details

Royal College of Physicians of Edinburgh Examinations Department 9 Queen Street, Edinburgh EH2 1JQ Tel: 0131 225 7324 Email: paces@rcpe.ac.uk	Royal College of Physicians and Surgeons of Glasgow Examinations Unit 242 St Vincent Street, Glasgow G2 5RJ Tel: 0141 221 6072 Email: mrcpuk@rcpsg.ac.uk	Royal College of Physicians of London 11 St Andrews Place Regents Park, London NW1 4LE Written Exams Tel: 020 3075 1515 Clinical Exam Tel: 020 3075 1550 Email: part1@mrcpuk.org part2written@mrcpuk.org paces.queries@rcplondon.ac.uk

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