MRCP(UK) Part 1 Examination Application │Form A and B

- 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) _______________
GMC Number (if applicable) _______________
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 – Primary Medical Qualification

Degree ___________________________ Date Passed ___________________________
Issuing University ___________________________ City ___________________________
Medical School ___________________________

Section 3 – 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 4 – Choice of Examination Centre

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

<table>
<thead>
<tr>
<th>Edinburgh Administrative Office</th>
<th>Glasgow Administrative Office</th>
<th>London Administrative Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen □</td>
<td>Belfast □</td>
<td>Birmingham □</td>
</tr>
<tr>
<td>Edinburgh □</td>
<td>Glasgow □</td>
<td>Cardiff □</td>
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<tr>
<td>Leicester □</td>
<td>Leeds □</td>
<td>Bristol □</td>
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<tr>
<td>Sheffield □</td>
<td>Liverpool □</td>
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<td>Oxford □</td>
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<td>Southampton □</td>
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</tbody>
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For international candidates, please provide your first three preferences of test centre.

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<thead>
<tr>
<th>MRCP(UK) Central Administrative Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>First ____________________________</td>
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</tbody>
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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 5 – 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.

Section 6 – Candidate Training (only applicable to those working/training in the UK)

- ☐ FY – Foundation Year 1 2 3
- ☐ CT – Core Medical Training/ACCS 3
- ☐ ST – Specialty Training 1 2 3
- ☐ LATs 1 2
- ☐ OOP – Out of Programme 1 2 3
- ☐ 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 _____________________________________________
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.

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 __________________
<table>
<thead>
<tr>
<th>Royal College of Physicians of Edinburgh</th>
<th>Royal College of Physicians and Surgeons of Glasgow</th>
<th>Royal College of Physicians of London</th>
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</thead>
<tbody>
<tr>
<td>Examinations Department</td>
<td>Examination Unit</td>
<td>Written Examinations Office</td>
</tr>
<tr>
<td>9 Queen Street</td>
<td>242 St Vincent Street</td>
<td>11 St Andrews Place</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>Glasgow</td>
<td>Regents Park</td>
</tr>
<tr>
<td>EH2 1JQ</td>
<td>G2 5RJ</td>
<td>London</td>
</tr>
<tr>
<td>Tel: 0131 225 7324</td>
<td>Tel: 0141 221 6072</td>
<td>NW1 4LE</td>
</tr>
<tr>
<td>Fax: 0131 226 6124</td>
<td>Fax: 0141 241 6222</td>
<td>Tel: 020 3075 1515</td>
</tr>
<tr>
<td>Email: <a href="mailto:s.ross@rcpe.ac.uk">s.ross@rcpe.ac.uk</a></td>
<td>Email: <a href="mailto:Mrcp1@rcpsg.ac.uk">Mrcp1@rcpsg.ac.uk</a></td>
<td>Email: <a href="mailto:Part1@mrcpuk.org">Part1@mrcpuk.org</a></td>
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