

Section 1 – Important Information

RCP Code Number	Are you currently working/ training in the UK? Yes No	Where are you applying to sit PACES? UK International	College of entry	Payment type
GMC Number (if applicable)			Edinburgh	Card
	Do you plan to apply for an ST3 post within the next 12 months? Yes No		Glasgow	Cheque/Draft
			London	Cash

For international applicants only, please list up to four centres that you wish to apply to (please note that Hong Kong applicants can only list Hong Kong as an option):

Section 2 – Personal Details

Family/Last name

Forename(s)

Correspondence
Address

City

Post Code

Country

Mobile Phone No.

Home Phone No.

Email

Section 3 – History

Please list where you have seen patients in a professional situation in the last 12 months or where you may see patients up to the end of the advertised examination period. This should include posts, PACES examinations, training/teaching courses and other specific courses.

	Date (from – to)	Location – Hospital name/location of course or training.
Work posts (within the last 12 months)		
PACES examinations (within the last 12 months, please state diet in date field)		
PACES Courses or any other training or courses where you have seen patients in the last year or up to the end of the application period not listed above.		

Section 4 – Special Requirements

Please list any special requirements or date requests (for more detailed requirement please use a separate sheet). Any medical conditions **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 and/or planning to apply for an ST3 post in the next 12 months. If not go to section 6.

CT - Core Medical Training/ACCS	1	2	3
ST – Speciality Training	3		
LATs	1	2	3
FY – Foundation Year	1	2	
OOP – Out of Programme	1	2	3
Other – Including GP trainees, non-physician specialities, any level of training not listed or not currently in training programme. Please specify in box to the right.			

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

East Midlands	North of Scotland	South West Peninsula
East of Scotland	North Western	Wales
Eastern	Northern	Wessex
HM Forces	Northern Ireland	West Midlands
Kent, Surrey and Sussex	Oxford	West of Scotland
London	Severn Institute	Yorkshire and Humber
Mersey	South East Scotland	Not Associated With A Deanery

Section 6 – 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) and Specialty Certificate Examinations 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 6)

Section 7– Proposer

It is recommended that you should have completed two years' experience, including at least four months in medical specialties or medical sub-specialities, following the award of your primary medical degree. Your application must be supported by your current or most recent Educational Supervisor or Supervising Consultant (referred to below as your proposer). Please detail the following in BLOCK CAPITALS

Proposer's Title

GMC Number

Last Name

Forenames

Email Address

Note to candidate: It is your responsibility to ensure that the proposer details you provide are accurate and complete. Personal information is collected by the Colleges for the purpose of administration of your application for entry to the MRCP(UK) examination. This information will not be disclosed to any third party but may be used to verify your suitability for the MRCP(UK) examination. In addition, your proposer may be notified in the event of poor performance and recommendation sought regarding the deferral of any future attempts at the MRCP(UK) examination. Should the information provided be incomplete or inaccurate the Colleges reserve the right to pursue this matter with you.

Name:

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.

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.

SIGNATURE (please type name if completing electronically):

DATE (in format dd/mm/yy):

Section 8 - Payment Details

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 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.