

The Royal College of Surgeons of Edinburgh
The Adamson Centre
3 Hill Place
Edinburgh EH8 9DS
Tel no: 0131-668-9222
Fax no: 0131-668-9218
E-mail address:
information@rcsed.ac.uk

The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London WC2A 3PE
Tel no: 020-7869-6281
Fax no: 020 7869-6290
E-mail address:
exams@rcseng.ac.uk

The Royal College of Physicians and Surgeons of Glasgow
232-242 St Vincent Street
Glasgow G2 5RJ
Tel no: 0141-221-6072
Fax no: 0141-248-3414
E-mail address:
exam.office@rcpsglasg.ac.uk

The Royal College of Surgeons in Ireland
123 St Stephen's Green
Dublin 2
IRELAND
Tel no: 00-353-1402-2232
Fax no: 00-353-14022454
E-mail address:
examinations@rcsi.ie

INTERCOLLEGIATE MRCS APPLICATION FORM – PART 1 and PART 2

ID number (for office use only)

***The examination fee and all relevant information must be included with the application.
See page 4 towards the back of application form.***

Last name in full: _____
CAPITAL LETTERS

Please state name exactly as it appears on your medical degree

Other names in full: _____
CAPITAL LETTERS

Gender: Female Male (circle as appropriate)

Date of birth: ____ / ____ / ____
Day Month Year

Address: _____

(For examination notices & results/correspondence):

Post Code: _____

Telephone Numbers: Day: _____ Evening: _____

Mobile: _____ Fax: _____ Email: _____

**STAPLE
2 PASSPORT
PHOTOGRAPHS
HERE**

Please print name on the
reverse of photographs

I certify that this is a true and recent likeness of the candidate.
Name of Consultant/Tutor (**CAPITAL LETTERS**)

Signature of
Consultant/Tutor: _____

***Hospital stamp of certifying consultant /
tutor***

Hospital Stamp

FOR OFFICE USE ONLY

Acknowledgement sent :

Fee paid:

Eligibility confirmed:

COMMENTS ON APPLICATION

SECTION 1 - ACADEMIC RECORD

Basic medical qualification: _____ Date conferred: ___/___/_____

Qualifying University: _____

Medical School at which degree obtained: _____ Country: _____

GMC or IMC Registration Number (if held): _____ Full or temporary (circle as appropriate)

If your name does not appear in the Medical Register of the General Medical Council of the UK or the Medical Register of Ireland, your qualification must be acceptable to one of the Councils of the Colleges; in this case, candidates MUST submit their original degree certificate or a certified copy for scrutiny. (THE ROYAL COLLEGE OF SURGEONS IN IRELAND CANDIDATES ONLY - If you are registered for the General Medical Council or Irish Medical Council, you MUST submit your original registration certificate or certified copy.)

SECTION 2 - ADMISSION

Please specify which parts of the examination you wish to apply for:

(Tick options as appropriate)

- i) **Part 1** - Applied Basic Science
- ii) **Part 2** - Clinical Problem Solving

of the MRCS Examination to be held on: ___/___/___
Day Month Year See examinations calendar for venues

at _____ *(College Examination Centre)*

I enclose the required fee(s) of £ / (Euro for The Royal College of Surgeons in Ireland only) _____ as shown in the current examinations calendar. Please send your application to the College in which you wish to sit the examination.

SECTION 3 - Confirmation of entry into Basic Surgical Training (BST)

Candidates are recommended to have commenced BST (a surgical training programme undertaken after a primary medical degree) before sitting Part 1, but may sit Part 1 prior to entering BST if they wish. Candidates MUST wait until they have commenced BST before sitting Part 2. All applicants for Part 2 MUST complete this section.

Provide confirmation below that you have commenced surgical training. Please complete details of your most recent post and obtain the signature of the relevant Consultant (below)

Specialty: _____ Post Identifier Number (if applicable) _____

Title: _____

Hospital Stamp

Hospital stamp of certifying consultant / tutor

Grade: _____

No of months: _____

Date from: _____ Date to: _____

I certify that Dr _____ held/holds the above SHO (or equivalent) post under my supervision and that his/ her declaration is a true statement of fact.

Name of Consultant/Tutor: _____

CAPITAL LETTERS

Signature of Consultant/Tutor: _____ Date: ____/____/____

SECTION 4 - DECLARATION (To be signed by the candidate)

I declare to the best of my knowledge that all the information given on this form is a true statement of fact. I have read and understood the Regulations relating to the Membership Examination.

Signature of Candidate: _____ Date: _____

All personal information held by the Examinations Section/Department of the Surgical Royal Colleges will be held in accordance with the Data Protection Act of 1998 / Freedom of Information Act 1998. Any data collected will not be released elsewhere without your permission.

SECTION 5 - RELEASE OF RESULTS (This section is optional)

I authorise the Examinations Section/Department of the examining College to release my results to the Surgical Tutor/Postgraduate Dean

(Name): _____

(CAPITAL LETTERS)

Signature of Candidate: _____ Date: ____/____/____

REQUEST FOR SPECIAL ARRANGEMENTS

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO NOTIFY THE EXAMINATIONS SECTION/DEPARTMENT OF ANY SPECIAL REQUIREMENTS IN ADVANCE OF THE EXAMINATION AND SUBMIT APPROPRIATE SUPPORTING EVIDENCE AS SPECIFIED IN THE REGULATIONS.

Applications for special arrangements on medical or compassionate grounds must be supported by written verification from the Consultant Trainer or Postgraduate Dean responsible for training. Applications must be submitted together with medical certification at the time of application.

Method of Payment

Payment must be made in full by: Bank Draft Cheque Credit Card (Tick as appropriate)

For details of current examination fees, please refer to examinations calendar.

CHEQUES should be made payable to the College at which you wish to take the examination. Please print your name on back of cheque. Please note that payment by personal cheque is not acceptable at The Royal College of Surgeons in Ireland.

Cheque number

CREDIT CARD

I wish to pay by VISA MasterCard SWITCH DELTA SOLO (Tick as appropriate)

- *Please complete the credit card payment form in the application pack and return it with your application.*
- *Please note The Royal College of Physicians and Surgeons of Glasgow only accept credit card payment by Visa or Mastercard.*
- *For those applying to The Royal College of Surgeons in Ireland, and wishing to apply on-line, please access the website www.rcsi.ie for further information.*

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EQUAL OPPORTUNITIES MONITORING (OPTIONAL)

The Royal Colleges of Surgeons of Great Britain and in Ireland aim to ensure fair treatment in relation to admission and assessment of examination candidates. The Colleges aim to assess candidates on the basis of ability, regardless of gender, colour, ethnic or national origin, race, disability, age, socio-economic background, religious or political beliefs, family circumstances, marital status, sexual orientation or other irrelevant distinction. Completing this form will allow us to monitor our statistics and ensure that we are not discriminating in any way.

In line with UK legislation and good practice guidelines, we are asking everyone to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

Gender

- Female
- Male

Nationality.....

1st language.....

Do you have a disability under the terms of the Disability Discrimination Act 1995 (a person with a physical or mental impairment that affects your ability to carry out normal day to day activities which are substantial, adverse and long term)?

- Yes
- No

What is your sexual orientation?

- Bisexual
- Heterosexual
- Lesbian or Gay

What is your religion or belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion/belief

Indicate a more specific category here:

Ethnicity

Choose one selection from the list below to indicate your cultural background.

a) White

- British
- Irish
- Any other White background

b) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

c) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

d) Black or Black British

- Caribbean
- African
- Any other Black background

e) Chinese or other ethnic group

- Chinese
- Any other background

Indicate a more specific category here:

This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practices.

MRCs MCQ APPLICATION FORM TICKLIST

IS YOUR APPLICATION FORM COMPLETE? HAVE YOU INCLUDED THE FOLLOWING?

- ❑ Complete and up to date contact information
- ❑ A recent passport photo, certified by your Consultant
- ❑ Full Examination Fee
- ❑ Complete details of your primary medical qualification, including University and date of completion
- ❑ Full GMC number*
- ❑ Provide proof (Consultant's signature and Hospital Stamp) of entry into Basic Surgical Training**
- ❑ Signed and dated the declaration

- ❑ Have you indicated a first and second preference of examination centre?

***If you are not fully registered with the GMC, please include the original or a certified copy of your Limited Registration Certificate.**

If you do not have Limited Registration with the GMC, please provide a letter from the GMC naming your University and Degree and confirming that it would be acceptable for Registration. You must include the original or a certified copy of your degree along with this letter.

****If you cannot get your Application Form signed, please include a letter, written on Hospital headed paper and signed by your Consultant confirming that you satisfactorily completed the post.**



Equal Opportunities

Equal Opportunities

Candidates Guide

The Royal College of Surgeons of England aims to ensure fair and equitable treatment in relation to admission and assessment of examination candidates. The College aims to assess candidates on the basis of merit, competency and potential, regardless of gender, colour, ethnic or national origin, race, disability, age, socio-economic background, religious or political beliefs, family circumstances, marital status, sexual orientation or other irrelevant distinction.

To achieve this, the College has implemented the following strategies:

- *formal mechanisms for training examiners;*
- *improved equal opportunities awareness for departmental staff with regard to examinations practice and customer service;*
- *monitoring admissions and examination results in relation to changes in the candidate population profile;*
- *independent monitoring of :*
 - *modes of assessment;*
 - *examiner behaviour;*
- *a review of results and appeals procedure;*
- *review of policies and practices for fairness and relevance;*
- *special arrangements policy for candidates with disabilities and/or other specific requirements;*
- *policy for consideration of candidates' exceptional circumstances.*

The College will not accept behaviour from staff, members, examiners or candidates, which constitutes sexual or racial harassment or that which results in unlawful discrimination on any grounds.

The College adheres to the provision for the protection of the rights of the individual within the following legislation:

The Sex Discrimination Act – 1976/1986
The Disability Discrimination Act – 1995
The Race Relations Act – 1976
The Human Rights Act – 1998

The College maintains the right to discriminate lawfully in the interests of the surgical/dental profession and this policy encompasses any regulations applied by relevant statutory or regulatory bodies such as the GMC and GDC.

Please contact us for information about:

- procedures for the examination of candidates with disabilities and/or other specific requirements
- procedures for the examination of candidates with mitigating circumstances
- procedure for appeals and reviews of results

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO NOTIFY THE EXAMS DEPARTMENT, IN ADVANCE, OF ANY SPECIAL REQUIREMENTS.

RCS/FDS Examinations

Tel: 020 7869 6281

Fax: 020 7869 6290

Email: exams@rcseng.ac.uk