

INTERCOLLEGIATE MRCS APPLICATION FORM

PART B (OSCE) (Regulations July 2008 revised with effect from May 2010)

The examination fee and all relevant information must be included with the application

Please write in CAPITAL LETTERS

Give details of any username or personal ID issued to you by the college to which you are applying to sit the examination:

FOR OFFICE USE ONLY

Acknowledgement sent:

Fee paid:

Comments on Application:

Last name in full:

Write your name exactly as it appears on your primary medical degree certificate.

Other names in full:

Gender: Female Male

Date of birth: ___ / ___ / ___ (Day/Month/Year)

Address:

Post Code: _____

(For examination notices, results and correspondence)

Contact Numbers:

Telephone number: _____ Mobile: _____

Fax: _____ Email: _____

ALL candidates must provide two photographs.

**STAPLE
TWO PASSPORT
PHOTOGRAPHS HERE**

**Print your name on the
back of the
photographs.**

35mm x 45mm

**INTERCOLLEGIATE MRCS APPLICATION FORM
PART B (OSCE) (Regulations July 2008 revised with effect from May 2010)**

SECTION 1 – APPLICATION

Six of the 18 OSCE stations are examined in a specialty context (i.e. head and neck; trunk and thorax; limbs including spine; or neuroscience). You must select three of these four specialties in order of preference.

Your first specialty choice will be examined in three stations: anatomy and surgical pathology; history-taking; and physical examination. Your second specialty choice will be examined in two stations: history-taking; and physical examination. Your third specialty choice will be examined in a physical examination station only.

Indicate your choice of specialty context stations below.

specialty context	Indicate below your first choice of specialty context. <i>(Tick one box only from the list below.)</i>	Indicate below your second choice of specialty context. <i>(Tick one box only from the list below. You must choose a different specialty from that chosen in the column to the left.)</i>	Indicate below your third choice of specialty context. <i>(Tick one box only from the list below. You must choose a different specialty from the two chosen in the columns to the left.)</i>
head and neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trunk and thorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
limbs including spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
neuroscience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

1. You can enter the examination through any college but may enter with only one college at each sitting.
2. If you attempt to enter the examination through more than one of the three colleges at the same sitting you will forfeit the fees for each additional application.
3. If you are applying to sit the examination through a college to which you have applied previously you must submit another application form and photographs but you do NOT have to send your degree certificate or complete section 2 again.

Start date of the MRCS Part B (OSCE) examination for which you are applying: _____ / _____ / _____
Day / Month / Year

College to which you are applying:

Edinburgh England Glasgow

Centre (as applicable):

If you have applied to sit the MRCS examination at this college before please indicate the date: _____ / _____ / _____
Day / Month / Year

I enclose the required fee of _____ as shown in the current college examinations calendar.
Note: The fee must be submitted in £ sterling. (See section 8 on page 6.)

**INTERCOLLEGIATE MRCS APPLICATION FORM
PART B (OSCE) (Regulations July 2008 revised with effect from May 2010)**

SECTION 2 - ACADEMIC RECORD

Primary medical qualification: _____ Date conferred: ____/____/____
Day Month Year

Qualifying university: _____

Medical school at which degree obtained: _____ Country: _____

GMC / IMC Number (if held): _____

If your name does not appear on 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, you **MUST** submit your original degree certificate or a certified copy for scrutiny.

SECTION 3 – ELIGIBILITY

In order to apply for Part B (OSCE), you must provide evidence of having passed either Part A *or* Parts 1 *and* 2 of the Intercollegiate MRCS examination. A certified copy of your pass letter for Part A *or* Part 1 *and* Part 2 should be included with this application unless you are applying for Part B (OSCE) at the same college at which you passed Part A *or* Part 1 *and* Part 2.

If you have passed Part A:

At which college did you pass Part A? (Tick as appropriate)

Edinburgh
England
Glasgow

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

If you have passed Part 1 and Part 2 of the Intercollegiate MRCS examination:

Part 1

At which college did you pass Part 1? (Tick as appropriate)

Edinburgh
England
Glasgow
Ireland

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

Part 2

At which college did you pass Part 2? (Tick as appropriate)

Edinburgh
England
Glasgow
Ireland

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

Date of first attempt at Part 2: ____/____/____
Day Month Year

Please list the College(s) and date(s) of any previous attempts at the MRCS Part B or the Intercollegiate DO-HNS Part 2 examination. Candidates are permitted a combined maximum of four attempts at these examinations.

Date of sitting: ____/____/____ Exam: _____ College: _____
Day Month Year

Date of sitting: ____/____/____ Exam: _____ College: _____
Day Month Year

Date of sitting: ____/____/____ Exam: _____ College: _____
Day Month Year

**INTERCOLLEGIATE MRCS APPLICATION FORM
PART B (OSCE) (Regulations July 2008 revised with effect from May 2010)**

SECTION 4 – LEVEL OF TRAINING AND DEANERY AT THE TIME OF APPLICATION

The Colleges are required to collect the following information by the Postgraduate Medical Education and Training Board. Please note: Completion of this section is mandatory. Incomplete applications will be returned to candidates.

4.1 Please indicate the level of your training by ticking the appropriate box:

FY1 FY2 CT1/ST1 CT2/ST2 CT3 FTST Other:.....

4.2 Please indicate the Deanery to which you are appointed by ticking the appropriate box:

<input type="checkbox"/> 0001 Northern Deanery	<input type="checkbox"/> 0008 Mersey Deanery	<input type="checkbox"/> 0015 Kent Surrey and Sussex Deaneer
<input type="checkbox"/> 0002 North Western Deanery	<input type="checkbox"/> 0009 Severn Deanery	<input type="checkbox"/> 0016 East Scotland Deanery
<input type="checkbox"/> 0003 London Deanery	<input type="checkbox"/> 0010 East Midlands Healthcare Workforce Deanery	<input type="checkbox"/> 0017 North Scotland Deanery
<input type="checkbox"/> 0004 NHS West Midlands Workforce Deanery	<input type="checkbox"/> 0011 South West Peninsula Deanery	<input type="checkbox"/> 0018 Defence Postgraduate Medical Deanery
<input type="checkbox"/> 0005 Wessex Deanery	<input type="checkbox"/> 0012 West Scotland Deanery	<input type="checkbox"/> 0019 Wales
<input type="checkbox"/> 0006 South East Scotland Deanery	<input type="checkbox"/> 0013 East of England Deanery	<input type="checkbox"/> 0020 Northern Ireland Medical and Dental Training Agency
<input type="checkbox"/> 0007 Yorkshire and Humber Postgraduate Deanery	<input type="checkbox"/> 0014 Oxford Deanery	<input type="checkbox"/> 0021 Not applicable

SECTION 5 – CHECKLIST

Is your application form complete? Have you included the following?

Yes No

- | | | |
|---|--------------------------|--------------------------|
| ➤ Complete and up-to-date contact information | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Two recent passport photographs with your name printed on the back | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Examination fee | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Complete details of your primary medical qualification, including university and date of completion | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ If your name does not appear on the GMC or IMC Register, a certified copy of your primary medical degree certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ If the college at which you passed Part A or Part 1 and 2 is not the same as the college to which you are applying for Part B, documentary evidence of your pass(es) | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Your choice of specialty context stations | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Date of examination | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Examination centre | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Signed and dated declaration confirming that you have read and understood the <i>Regulations for the Intercollegiate Membership Examination of the Surgical Royal Colleges of Great Britain July 2008 revised with effect from May 2010</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Copies of original documentation must be verified by a public notary or solicitor/lawyer and have an official stamp accompanying the signature. Official English translations will be required for stamps or certificates sent that are not in English.

INTERCOLLEGIATE MRCS APPLICATION FORM
PART B (OSCE) (Regulations July 2008 revised with effect from May 2010)

SECTION 6 - DECLARATION (To be signed by the candidate)

I have read and understood the *Regulations for the Intercollegiate Membership Examination of the Surgical Royal Colleges of Great Britain July 2008 revised with effect from May 2010*. I declare that to the best of my knowledge all the information given on this form is a true statement. Any false statement will invalidate my entry. I understand that if I have become out of time for the Collegiate or Intercollegiate MRCS I am not permitted to apply for the MRCS unless I have already sat Part A by virtue of having been in a CT/ST/FTST training post.

Signature of candidate: _____ **Date:** ____/____/____
Day Month Year

All personal information held by the Surgical Royal Colleges of Great Britain will be held in accordance with the *Data Protection Act (1998)* and the *Freedom of Information Act (1998)*. Any personal data collected may be exchanged between the Surgical Royal Colleges of Great Britain but will not be released elsewhere without your permission.

In the unlikely event that the Surgical Royal Colleges of Great Britain have to cancel the examination, the examination fee shall be reimbursed, but the Surgical Royal Colleges of Great Britain shall incur no further liability.

REQUEST FOR SPECIAL ARRANGEMENTS

It is the responsibility of the candidate to notify the examinations section or department of any special requirements at the time of application to the examinations section and submit appropriate supporting evidence as specified in the Regulations.

Applications for special arrangements on medical or compassionate grounds must be supported with medical certification at the time of application.

SECTION 7 - RELEASE OF RESULTS (this section is optional)

I authorise the examinations section or department of the examining college to release my results to my Assigned Educational Supervisor.

Signature of candidate: _____ **Date:** ____/____/____
Day Month Year

**INTERCOLLEGIATE MRCS APPLICATION FORM
PART B (OSCE) (Regulations July 2008 revised with effect from May 2010)**

SECTION 8 - PAYMENT

- The **only** credit/debit cards accepted by The Royal College of Physicians and Surgeons of Glasgow are Visa, MasterCard and Switch.
- None of the Surgical Royal Colleges accept American Express.

Name of candidate (BLOCK CAPITALS): _____

Payment must be made in full by: Bank draft Cheque Credit/debit card
(Tick as appropriate)

CHEQUES should be made payable to the college at which you wish to take the examination. Print your name on the back of the cheque.

Cheque number: _____

CREDIT CARD/DEBIT CARD

I wish to pay by (Tick as appropriate)

VISA MasterCard SWITCH DELTA SOLO VISA DEBIT MAESTRO

Card Number:

Valid from date: ____/____/____ **Expiry date:** ____/____/____ **Three-digit security number:** _____
MM YYYY MM YYYY (found on the reverse of your card)

Debit Card issue number (if applicable): _____

Amount authorised to be withdrawn: _____
For details of current examination fees, please refer to the examinations calendar.

Name of cardholder: _____

Signature of cardholder: _____ **Date:** ____/____/____
Day Month Year

The Royal College of Surgeons of Edinburgh
The Adamson Centre
3 Hill Place
Edinburgh EH8 9DS
Tel no: 0131-527-1600
Fax no: 0131-668-9231
Charity No. SC005317
E-mail address:
surgical.exams@rcsed.ac.uk

The Royal College of Surgeons of England
Examinations Department
35-43 Lincoln's Inn Fields
London WC2A 3PE
Tel no: 020-7869-6281
Fax no: 020-7869-6290
Charity No. 212808
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: 0141-241-6222
Charity No. SC000847
E-mail address:
imrcsb@rcpsg.ac.uk

**INTERCOLLEGIATE MRCS APPLICATION FORM
PART B (OSCE) (Regulations July 2008 revised with effect from May 2010)**

EQUAL OPPORTUNITIES MONITORING (OPTIONAL)

The Royal Colleges of Surgeons of Great Britain 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.

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.

Gender

- Female
- Male

Nationality.....

Do you consider your first language to be English?

- Yes
- No

Do you have a disability under the terms of the Disability Discrimination Act 1995 (a physical or mental impairment that affects your ability to carry out normal day to day activities which is 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

f) Middle Eastern/Arabic

- Arabic
- Any other Middle Eastern background

Indicate a more specific category here:
