



INTERCOLLEGIATE MRCS APPLICATION FORM

PART 1 and PART 2

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:

Last name in full: _____

Write your name exactly as it appears on your medical degree

Other names in full: _____

Gender: Female Male (circle as appropriate)

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

Address: _____

_____ Post code: _____

(For examination notices, results and correspondence)

Telephone numbers: Contact number: _____ Mobile: _____

Fax: _____ Email: _____

Part of examination for which you are applying: Part 1

Part 2

College to which you are applying:

Edinburgh

England

Glasgow

Ireland

at _____ (examination centre)

(Refer to the college-specific examinations calendar for details of venues of individual examination centres.)

It is important that you send your application to the college with which you wish to sit the examination. (See page 5.)

Have you made a previous application to sit this examination at the college to which you are applying?

Yes No

ALL candidates must provide two photographs.

Staple two
Passport
Photographs here

Print your name
on the back of the
photographs



SECTION 1 – APPLICATION

Specify which parts of the examination you wish to apply for (tick options as appropriate):

Part 1 – Applied basic sciences

Part 2 – Clinical problem-solving

of the MRCS examination to be held on: / /
(Day/Month/Year)

I enclose the required fee _____ as shown in the current college examinations calendar.

Note: The fee must be submitted in £ sterling (Edinburgh, England, Glasgow) or Euros (Ireland).

IMPORTANT: Candidates can enter any part of the examination through any college but may only enter with one college at each sitting (*from Regulations for the Intercollegiate Membership Examination of the Surgical Royal Colleges of Great Britain and Ireland*).

NOTE: Any candidate who has entered an examination with more than one of the four colleges at the same sitting will forfeit the fees for each additional application.

SECTION 2 – ACADEMIC RECORD

Basic medical qualification: _____ Date conferred: / /
(Day/Month/Year)

Qualifying university: _____

Medical school at which degree obtained: _____ Country: _____

First language: _____

GMC or IMC registration number (if held): _____

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, you **MUST** submit your 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 3– 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"/>
> Full 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/IMC register a certified copy of your certificate is required. For The Royal College of Surgeons in Ireland a certified copy of your certificate is required in all cases	<input type="checkbox"/>	<input type="checkbox"/>
> Stated the date of the examination	<input type="checkbox"/>	<input type="checkbox"/>
> Stated the examination centre	<input type="checkbox"/>	<input type="checkbox"/>
> Signed and dated declaration confirming that you have read and understood the <i>Intercollegiate MRCS Regulations</i>	<input type="checkbox"/>	<input type="checkbox"/>

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

RESIT candidates: If you are applying to sit the exam through the same college you are required to submit another application form and photographs but you do NOT have to send your degree certificate or complete section 2 again.



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 Intercollegiate Membership Examination.

Signature of candidate: _____

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

All personal information held by the examinations section or department of the UK Surgical Royal Colleges 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 four Surgical Royal Colleges of Great Britain and Ireland but will not be released elsewhere without your permission.

In the unlikely event that the Surgical Royal Colleges of Great Britain and Ireland have to cancel the examination, the examination fee shall be reimbursed, but the Surgical Royal Colleges of Great Britain and Ireland 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 EXAMINATION 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 5 – RELEASE OF RESULTS (this section is optional)

I authorise the examinations section or department of the examining college to release my results to the surgical tutor or postgraduate dean.

Name: _____
(CAPITAL LETTERS)

Signature of candidate: _____

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



METHOD OF PAYMENT

- > Candidates applying for an examination for which the fees are not paid in pounds sterling (GBP) or for which the application form, fees and documentation have to be sent directly to an overseas centre **cannot pay by credit or debit card.**
- > Please note that payment by personal cheque is not acceptable at The Royal College of Surgeons in Ireland.
- > 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.
- > Three-digit credit/debit card security number is required by The Royal College of Physicians and Surgeons of Glasgow and The Royal College of Surgeons of Edinburgh.
- > For those applying to The Royal College of Surgeons in Ireland, The Royal College of Surgeons of England or The Royal College of Surgeons of Edinburgh and wishing to apply online, please access the relevant website.

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 back of cheque. Note that payment by personal cheque is not acceptable at The Royal College of Surgeons in Ireland.

Cheque number: _____

CREDIT CARD/DEBIT CARD

I wish to pay by: VISA Mastercard Switch Delta (tick as appropriate)
Solo VISA debit Maestro

Card number: _____

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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 examinations calendar.

Name of cardholder: _____

Signature of cardholder: _____

Date: _____

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
Email address:
examinations@rcsed.ac.uk
www.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
Email address:
exams@rcseng.ac.uk
www.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
Charity No. SC000847
Email address:
exam.office@rcpsg.ac.uk
www.rcpsg.ac.uk

The Royal College of Surgeons in Ireland

123 St Stephen’s Green
Dublin 2
IRELAND
Tel no: 00 353 1402 2221
Fax no: 00 353 1402 2454
Charity No. CHY 1277
Email address:
examinations@rcsi.ie
www.rcsi.ie



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

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 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:
