

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: \_\_\_\_\_

Comments on Application: \_\_\_\_\_

Fee paid: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(For examination notices, results and correspondence)

**Postcode:** \_\_\_\_\_

**Telephone Numbers:**

Contact 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

**SECTION 1 – APPLICATION****Please specify which parts of the MRCS examination you wish to apply for:**

(Tick options as appropriate)

**First time candidates**Part B – Oral and clinical (incl. communication skills) examination ☐**Resit candidates**Oral *and* clinical (incl. communication skills) examination ☐Clinical examination *and* communication skills ☐Clinical examination *only* ☐Communication skills *only* ☐**to be held on:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year**Please indicate the date of last attempt at Part 3/B and the College through which you applied:****College:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year**College to which you are applying:**☐ Edinburgh ☐ England ☐ Glasgow ☐ Ireland**Overseas centre** (if applicable): \_\_\_\_\_

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).

Notes:

1. Candidates can enter any part of the examination through any College.
2. Candidates resitting either the clinical or the communication skills examination must do so with the College at which they passed the oral examination.

**SECTION 2 – ACADEMIC RECORD****Primary medical qualification:** \_\_\_\_\_ **Date conferred:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/ Month/ Year**Qualifying University:** \_\_\_\_\_**Medical school at which degree obtained:** \_\_\_\_\_**Country:** \_\_\_\_\_ **GMC / IMC registration number** (if held): \_\_\_\_\_

**SECTION 3 – PARTS 1 AND 2**

If you are applying to sit Part B OCC, you are required to provide documentary proof that you have passed *both* Parts 1 *and* 2 *or* Part A of the examination. Applications cannot be processed until all relevant documentation is received. A certified copy of your pass letter for *both* Part 1 *and* Part 2 *or* Part A should be attached to your application. Certified copies of pass letters are not required if Part 3 OCC is being taken at the same College at which you passed *both* Parts 1 *and* 2 *or* Part A.

**PART 1 (Applied Basic Sciences)**

**With which College(s) have you sat this examination?**

(Tick options as appropriate)

The Royal College of Surgeons of Edinburgh	<input type="checkbox"/>
The Royal College of Surgeons of England	<input type="checkbox"/>
The Royal College of Physicians and Surgeons of Glasgow	<input type="checkbox"/>
The Royal College of Surgeons in Ireland	<input type="checkbox"/>

**With which College did you pass?** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

**PART 2 (Clinical Problem-Solving)**

**With which College(s) have you sat this examination?**

(Tick options as appropriate)

The Royal College of Surgeons of Edinburgh	<input type="checkbox"/>
The Royal College of Surgeons of England	<input type="checkbox"/>
The Royal College of Physicians and Surgeons of Glasgow	<input type="checkbox"/>
The Royal College of Surgeons in Ireland	<input type="checkbox"/>

**With which College did you pass?** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

**PART A (Applied Basic Science & Principles of Surgery in General)**

**With which College(s) have you sat this examination?**

(Tick options as appropriate)

The Royal College of Surgeons of Edinburgh	<input type="checkbox"/>
The Royal College of Surgeons of England	<input type="checkbox"/>
The Royal College of Physicians and Surgeons of Glasgow	<input type="checkbox"/>
The Royal College of Surgeons in Ireland	<input type="checkbox"/>

**With which College did you pass?** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/Year

**Candidates are permitted a maximum of 6 attempts at the Intercollegiate MRCS Part B (OCC), or 4 attempts at a combination of the Intercollegiate MRCS Part B (OSCE) and Intercollegiate MRCS Part B (OCC). Candidates are permitted 4 attempts at Part 2 DOHNS for the purposes of obtaining MRCS (ENT).**

**Please list the College(s) and date(s) of any previous attempts at the any of these examinations:**

Date of sitting: \_\_\_\_/\_\_\_\_/\_\_\_\_ College: \_\_\_\_\_ Exam: \_\_\_\_\_  
Day Month Year

Date of sitting: \_\_\_\_/\_\_\_\_/\_\_\_\_ College: \_\_\_\_\_ Exam: \_\_\_\_\_  
Day Month Year

Date of sitting: \_\_\_\_/\_\_\_\_/\_\_\_\_ College: \_\_\_\_\_ Exam: \_\_\_\_\_  
Day Month Year

**SECTION 4 - 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"/> |
| ➤ An original or certified copy of your primary medical degree certificate (if your name does not appear on the GMC or IMC Register)  | <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"/> |
| ➤ 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 and Ireland held Overseas</i> currently in force. | <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.

**SECTION 5 - RELEASE OF RESULTS AND CANDIDATE DATA****Privacy Notice:**

**If you are registered or anticipate being registered with the GMC then your personal data, including data about your exam results, will be passed to the GMC for quality assurance and research purposes and to facilitate the awarding of certificates of completion of training (CCTs).**

**Explanatory Note for Information:**

It is a requirement that candidate demographic and results information is routinely made available to the GMC for statistical purposes. It is anonymised and un-attributable, and candidate information will not be handled by or be visible to any other third parties, individuals or organisations, except for research purposes as approved by procedures laid down by the GMC Ethics Committee.

**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 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 and Ireland* currently in force. 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 in the Collegiate or Intercollegiate MRCS or have exceeded the permitted number of attempts, I am not permitted to apply for the MRCS 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.

**SECTION 7 – PAYMENT**

- None of the Surgical Royal Colleges accept American Express.
- Please note that payment to The Royal College of Surgeons in Ireland can only be made by Bank Draft or Postal Order made payable to The Royal College of Surgeons in Ireland.

**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 ☐ Delta ☐ 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)

**Issue Number (if applicable)** \_\_\_\_\_

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

**Name of cardholder:** \_\_\_\_\_

**Address of Cardholder** \_\_\_\_\_

**Email address 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. SC028302  
E-mail address:

[examinations@rcsed.ac.uk](mailto:examinations@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](mailto: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:

[mrscsb@rcpsg.ac.uk](mailto:mrscsb@rcpsg.ac.uk)

**The Royal College of Surgeons in Ireland**

123 St Stephens Green  
Dublin 2  
Ireland  
Tel no: 00353 1402 2221  
Fax no: 00353 1402 2470  
Charity No. CHY 1277  
E-mail address:

[ssgsara@rcsi.ie](mailto:ssgsara@rcsi.ie)

**EQUAL OPPORTUNITIES MONITORING**

The Royal Colleges of Surgeons of Great Britain and Ireland aim to ensure fair treatment in relation to admission and assessment of examination candidates. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair examination to all candidates

In line with UK and Irish 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
- ☐ Transgender
- ☐ Prefer not to say

**Ethnicity**

Choose one selection from the list below to indicate your ethnic group or background.

**a) White**

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background (write in)

-----

**b) Mixed / Multiple Ethnic Groups**

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed background (write in)

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**c) Asian or Asian British**

- ☐ Bangladeshi
- ☐ Chinese
- ☐ Indian
- ☐ Pakistani
- ☐ Any other Asian background (write in)

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**d) Black / African / Caribbean / Black British**

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean / Black British (write in)

-----

**f) Other Ethnic Group**

- ☐ Arab
- ☐ Any other ethnic background (write in)

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- ☐ **Prefer not to say**

**Do you consider your first language to be English?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**Do you have a disability** under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**What is your sexual orientation?**

- ☐ Bisexual
- ☐ Heterosexual
- ☐ Lesbian or Gay
- ☐ Prefer not to say

**Marital Status**

- ☐ Single
- ☐ Married
- ☐ Cohabiting
- ☐ Civil partnership
- ☐ Separated/divorced
- ☐ Widowed
- ☐ Prefer not to say

**What is your religion or belief?**

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other religion/belief
- ☐ No religion
- ☐ Prefer not to say