

## Additional attempt form

- ▶ Please read the guidance notes **BEFORE** completing this form.
- Please complete ALL sections and ensure that you date and sign the Agreement.
- ▶ Please complete the form in black ink (pen or ball point) and in **BLOCK CAPITALS.**
- Forms must be submitted at least two weeks prior to the relevant application period opening.
- All personal information held by the Examinations Departments of the Royal Colleges of Physicians of the UK 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 departments of the Royal Colleges of Physicians of the UK and the MRCP(UK) central office but will not be released elsewhere without your permission. Data will be used in data comparisons to verify qualifications and to prevent fraudulent activity, and may be retained for this purpose.

Section 1 – Personal details (please use block capitals)																									
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Family/Last																		L	1						
Family/Last (																									
Forename(s)																									
Place of work  Mahila Phana Na																									
Mobile Phone No											Home Phone No														
Email																									
									•																
Section 2 – Details of the examination you would like to apply for (please tick one that is applicable)																									
MRCP(UK) Part 1 Examination  MRCP(UK) Part 2 Clinical Examination (*International PACES)																									
MRCP	(UK) Pa	art 2 W	/ritter	n Exam	ninatio	n						Specialty Certificate Examination (SCE)													
MRCP	(UK) P	art 2 C	linical	l Exam	inatio	n (* <b>U</b> I	K PAC	ES)				*International PACES candidates are to submit this form to													
												overseas.paces@mrcpuk.org for International PACES exams only. *UK PACES candidates are to submit this form to their chosen													
Diet															_					•	Contact the do			n for	the
	Section 3 – Confirmation of additional educational experience (to be completed by the educational supervisor & training programme director (or equivalents))																								
I confirm that the candidate named above has undertaken additional educational experience to prepare them for the above examination, and I endorse their request for an additional attempt *																									
Educational supervisor name																									
Place of work Work Phone No										_															
Signature																									_
			I														1	Т	-			_	_		$\neg \mid$
Work email																						<u> </u>	<u> </u>	_	
*Please note	*Please note that as an educational supervisor supporting an additional attempt you may be contacted to verify this form																								

Training programme director name																					
Place of work				Work Phone No																	
Signature																					
Work email																					

## Section 4 - MRCP(UK) Examination agreement – Additional attempt form

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I understand falsifying information is an act of misconduct and will be investigated according to the MRCP(UK) Academic Misconduct Regulations. Proven cases of misconduct are routinely reported to the relevant regulatory body (please see the following link for further information - <a href="http://www.mrcpuk.org/mrcpuk-examinations/regulations">http://www.mrcpuk.org/mrcpuk-examinations/regulations</a>)

I understand that information requested will be used by the Colleges for administrative purposes, and to meet its statutory obligations.

Candidate name: _		Date	of Birth:	/_	J
Signature:	Da	te:	/	/	

Completed forms <u>must</u> be submitted by educational supervisors/training programme director or equivalent as we cannot accept forms that are submitted by the candidate themselves.

## **Contact Details**

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6072

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Royal College of Physicians of London 11 St

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Clinical (Overseas)Exam Tel: 020 3075 1550 Clinical (UK) Exam Tel: 0151 318 2020 Part 1 Written - part1@mrcpuk.org

Part 2 Written - <a href="mailto:part2written@mrcpuk.org">part2written@mrcpuk.org</a>
UK based PACES - <a href="mailto:paces.queries@rcp.ac.uk">paces.queries@rcp.ac.uk</a>
Overseas PACES - <a href="mailto:overseas.paces@mrcpuk.org">overseas.paces@mrcpuk.org</a>

For further information please see the MRCP(UK) website at www.mrcpuk.org





