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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<th>RCP Code</th>
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Family/Last name ____________________________________________________________
Forename(s) _______________________________________________________________
Place of work ______________________________________________________________
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 Written Examination
- [ ] MRCP(UK) Part 2 Clinical Examination (*International PACES)
- [ ] MRCP(UK) Part 2 Clinical Examination (*UK PACES)
- [ ] Specialty Certificate Examination (SCE)

Diet ___________________________

*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 college of entry for UK PACES only. Contact information for the three colleges is found at the end of the document.

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 _________________________________________________________________

Work email

*Please note that as an educational supervisor supporting an additional attempt you may be contacted to verify this 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 - http://www.mrcpuk.org/mrcpuk-examinations/regulations).

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: ___/___/_____

Signature: ___________________________________________________________       Date: _____ / _____ /_____

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 - http://www.mrcpuk.org/mrcpuk-examinations/regulations).

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: ___/___/_____

Signature: ___________________________________________________________       Date: _____ / _____ /_____

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

Contact Details

Royal College of Physicians of Edinburgh
Examinations Department
9 Queen Street, Edinburgh EH2 1JQ
Tel: 0131 225 7324
Email: paces@rcpe.ac.uk

Royal College of Physicians and Surgeons of Glasgow
Examinations Unit
242 St Vincent Street, Glasgow G2 5RJ Tel: 0141 221 6072
Email: paces@rcpsg.ac.uk

Royal College of Physicians of London
11 St Andrews Place
Regents Park, London NW1 4LE
Written Exams Tel: 020 3075 1515
Clinical (Overseas) Exam Tel: 020 3075 1550
Clinical (UK) Exam Tel: 0151 318 2020
Part 1 Written - part1@mrcpuk.org
Part 2 Written - part2written@mrcpuk.org
UK based PACES - paces.queries@rcp.ac.uk
Overseas PACES - overseas.paces@mrcpuk.org

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