ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

For Office Use Only:
Personal ID No: _____

Candidate Examination No: _____

PART 1 EXAMINATION – APPLICATION FOR EXEMPTION

MEMBERSHIP OF THE FACULTY OF PODIATRIC MEDICINE

This form is to be completed in full and returned to **the Examinations Unit, Royal College of Physicians and Surgeons of Glasgow, 232-242 St Vincent Street, Glasgow, G2 5RJ**. The exemption administration fee and all relevant documentation must be included with the application. Please refer to the Guidance to candidates and checklist for applicants.

Section 1 – Personal Details

Surname/Family Name:_____
(block capitals)

Other Name(s): _____ **Title**: _____
(block capitals)

Date of Birth: ___/___/____ (day/month/year)

You must state your name exactly as it appears on your primary qualification. Any candidate whose name has been changed must submit original or attested copies of documentary proof of this (e.g. marriage certificate) if they wish to be admitted to the examination in their new name.

Section 2 – Contact Details

Postal Address (block capitals):_____

_____

Postcode: _____ **E-mail Address:** _____

Telephone (inc dialling code): _____ **Mobile:** _____

Note: Please notify the College of any change of address. If we need to contact you regarding your application, we will do so by e-mail in the first instance.

Section 3 – Podiatry/Podiatric Medicine Qualification

Date Conferred: ___/___/____ (day/month/year)

Qualifying Institution: _____

Country of Qualification: _____

Candidates must submit either original OR attested copies of their primary qualification certificate(s) in support of their application.

Section 4 –Regulatory body

UK Health and Care Professions Council (HCPC) registration number: _____

Date of registration: ____/___/____ (day/month/year)

If you do not hold an HCPC number, please provide any evidence of fulfilment of eligibility criteria, required by a non-UK regulatory body that are comparable to those of the UK HCPC.

Regulatory Body: _____ **Location:** _____

HCPC eligibility criteria are available at the following link: http://www.hcpc-uk.co.uk/audiences/registrants/

Section 5 – Evidence of Clinical Experience

Post 1

Title: _____ **Grade:** _____

Institution: _____

_____

No. of Months: ____ **Date From:** ___/___/____ **Date To:** ___/___/____

This is to certify that the above named applicant held the above post and that his/her declaration is a true statement of fact.

Name of Employer/Referee: _____
(Block Capitals)

Signature: _____ **Date:** ___/___/____

Official Stamp

Post 2

Title: _____ **Grade:** _____

Institution: _____

_____

No. of Months: ____ **Date From:** ___/___/____ **Date To:** ___/___/____

This is to certify that the above named applicant held the above post and that his/her declaration is a true statement of fact.

Name of Employer/Referee: _____
(Block Capitals)

Signature: _____ **Date:** ___/___/____

Official Stamp

Post 3

Title: _____ **Grade:** _____

Institution: _____

_____

No. of Months: ____ **Date From:** ___/___/____ **Date To:** ___/___/____

This is to certify that the above named applicant held the above post and that his/her declaration is a true statement of fact.

Name of Employer/Referee: _____
(Block Capitals)

Signature: _____ **Date:** ___/___/____

Official Stamp

IMPORTANT NOTES

a) Failure to complete any part of this application form or submit the required documentation may delay the application process.

b) Copies of letters and certificates will be accepted only if they have been verified as a true copy. Attested copies must bear an original signature and official stamp (e.g. hospital stamp, public notary stamp). Official English translations from a translation agency will be required for stamps or certificates that are not in English.

Section 6 – Sponsor Details

Sponsor 1

Surname/Family Name:_____

(block capitals)

Other Name(s): _____ **Title**: _____

Postal Address (block capitals):_____

_____

Postcode: _____ **E-mail Address:** _____

Telephone (inc dialling code): _____ **Mobile:** _____

Relationship to applicant: _____

This is to certify that the information provided by the above named applicant is a true statement of fact.

Signature: _____ **Date:** ___/___/____

Sponsor 2

Surname/Family Name:_____

(block capitals)

Other Name(s): _____ **Title**: _____

Postal Address (block capitals):_____

_____

Postcode: _____ **E-mail Address:** _____

Telephone (inc dialling code): _____ **Mobile:** _____

Relationship to applicant: _____

This is to certify that the information provided by the above named applicant is a true statement of fact.

Signature: _____ **Date:** ___/___/____

DATA PROTECTION

All personal information held by the Examinations Unit will be held in accordance with the Data Protection Act (1998). Data will not be released without your permission but may be used to verify qualifications and to prevent fraudulent activity.

I have included with my application (tick box and delete as appropriate)**:**

Copy of degree certificate	Original/Attested Copies ☐
Evidence of eligibility for registration with HCPC	Original/Attested Copies ☐
Evidence of experience	Original/Attested Copies ☐
Change of name document	Original/Attested Copies ☐
Exemption fee (Fee as shown on the College website: www.rcpsg.ac.uk)	Method of payment form ☐

Candidates must complete this application in full and sign the declaration below. The application must then be returned along with the fee and all relevant documentation to the College.

DECLARATION (to be signed by ALL candidates)

I have read the current Regulations for this examination and understand the eligibility criteria and I now confirm that to the best of my knowledge all the information given on this form is a true statement of fact.

Signature of Applicant: _____ **Date**: ____ / ____ / ____

(day/month/year)

Examination Payment form - PLEASE COMPLETE ALL SECTIONS

Candidate Name (Block Capitals) _____

Examination_____ **Date of Exam**_____

Payment method: (please tick one box only**)**

Bank Draft **Cheque** ☐ **Credit Card** ☐ **Debit Card** ☐

Bank Draft/Cheques: Bank drafts or cheques should be in pounds sterling and made payable to 'The Royal College of Physicians and Surgeons of Glasgow'.

Credit/Debit Card

Card Type: Visa ☐ **MasterCard** ☐ **Maestro** ☐ **Delta** ☐ **JCB** ☐ **Visa Debit** ☐

Name of Cardholder as it appears on credit/debit card	
Billing Address of Cardholder	
E-mail Address of Cardholder	
Telephone Number of Cardholder	
Signature of Cardholder	

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Security Code ☐☐☐ **(last 3 numbers on signature strip)**

Start Date (mm/yy) ☐☐☐☐ **Expiry Date (mm/yy)** ☐☐☐☐

Issue Number ☐☐☐ **Amount to debited from card**_____ (**GBP)**

The method of payment form **should be completed by all candidates and must accompany your application form to reach the College by the closing date for applications**. Failure to complete any part of this form may delay the application process and may result in you being unable to sit the examination at the requested diet.

WITHDRAWALS

Any candidate withdrawing an application for admission to an examination must do so in writing. Provided a withdrawal request is received before the application closing date, a full refund of the examination fee will be issued, less an administration fee. After the application closing date, refund of the fee will not normally be made to a candidate who withdraws or fails to attend.

EQUAL OPPORTUNITIES MONITORING

The Royal Colleges of Physicians and Surgeons of Glasgow 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 legislation and good practice guidelines, we are asking all applicants 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 UK 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)

---

c) Asian or Asian British

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

---

d) Black or Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black background

e) Other Ethnic Group

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

- ☐ 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