



ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

FRCS Ophthalmology – Part 1 Guidenotes and Checklist for applicants

The notes and checklist are to assist you in ensuring that your application is correctly completed and that you have enclosed all the required documentation.

IMPORTANT: All applications must be received before the closing date. To be eligible to sit the examination **you must meet all of the examination eligibility requirements by the application closing date.**

The FRCS Part 1 webpage (<http://rcp.sg/frcs1>) and Candidate Guidance document contain full information, including dates, fees and centres. You should read the Fees and Refund Policy (<http://rcp.sg/applicationguide>) prior to applying.

Notes on completion of application form:

All applications should be completed in BLOCK CAPITALS and should be written clearly and legibly.

Section 1 – Personal Details

You will be entered onto the examination under the name stated on your primary medical degree certificate: this will be recorded on the College database. All documentation provided should be in this name. If your name has changed we will require official documentation giving details of this e.g. marriage certificate, affidavit.

Section 2 – Contact Details

Full details are required, including your full postal address. Your email address is important, as this is how we will contact you with any queries about your application. We can use only one email address; please provide the address you most commonly use.

Section 4 – Declaration

Your application will not be accepted if this section has not been signed.

Section 5 – Qualification Information

You should provide details of only your primary medical qualification. You should not provide information on other qualifications. An original or attested copy of the certificate is required.

The University/Medical College should be recognised by [FAIMER](#) and appear on their list of approved medical institutions. If your University/Medical College has changed its name, please provide details of the new name.

Section 6 – Training/Clinical Experience

Any evidence provided needs to state a start and an end date to enable us to calculate the total time achieved.

Supporting documentation

All documents submitted must be in English and should be an attested copy of the original: unattested photocopies or photocopies of attested copies will not be accepted. If necessary, the

original copy may be submitted: original certificates will be returned to you at the examination. If the College needs to return original copies by post, it will not accept liability for any loss.

How to attest a document/certificate: A copy of a document or certificate will be accepted only if it has been attested to confirm that it is an accurate copy of the original document. An attested copy must be signed by a hospital consultant, a senior hospital official or a notary public and contain an official stamp: the signature and stamp must be originals. Official English translations from a translation agency will be required for stamps or certificates that are not in English. An official stamp alone on a document will not be accepted. Signatures and stamps attesting documents must be on the FRONT of the document. Certification of authenticity from the back of any document will not be accepted.

Checklist for Applicants

First Time Applicants should submit the following:

- Completed application form - signed and dated
- Fee (completed payment form)
- Primary medical qualification certificate (preferably an attested copy)
- Evidence of one year in any branch of the profession - either by completing Section 9(ii) on the application form or by attaching a letter. Note: you cannot sign off your own training. If providing a letter it must be on headed paper and signed by a supervisor or Hospital official.
- Change of name documentation (if applicable) – marriage certificate/affidavit (preferably an attested copy)

Resit Applicants

If you have previously sat or been accepted for the Part 1 examination you should submit the following:

- Completed application form - signed and dated – first page only
- Fee (completed payment form)
- Change of name documentation (if applicable) – marriage certificate/affidavit (preferably an attested copy)

We do not require any other documentation.

If you have any queries prior to submitting your application please contact us: frcs1@rcpsg.ac.uk



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**Examination Application Form for
FRCS (Ophthalmology) PART 1**

FOR OFFICE USE ONLY

Person ID No: _____

Diet Code: _____

Candidate Examination No: _____

Originals submitted?: Yes No

If yes, date returned: _____

This form is to be completed in full and returned by e-mail to frcs1@rcpsg.ac.uk, by the published closing date of entry. The examination fee page and all relevant documentation must be included with the application. Please refer to the guidenotes and checklist for applicants.

Resit applicants are not required to complete Sections 5 and 6 of this application or submit any documentary evidence.

Section 1 – Personal Details

Surname/Family Name: _____
(block capitals)

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

Gender (delete as applicable): Male / Female **Date of Birth:** ___/___/___

Section 2 – Contact Details

Full Postal Address (block capitals): _____

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

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

Section 3 – Examination Details

Date and centre of examination for which you wish to appear:

Date: ___/___/___ **Centre:** _____

Have you previously entered an examination through this College? YES/NO

If Yes, Date: ___/___/___ **Examination and Centre:** _____ **Person ID Number:** _____

Section 4 - DECLARATION (To be signed by ALL candidates)

I have read the current Regulations of 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. I understand that seeking to gain, or provide, an unfair advantage in this examination by removing or sharing confidential examination content is strictly prohibited and the College reserve the right to contact the individual's regulatory body and take legal action where appropriate. In particular sharing of examination content, whether verbally, electronically or by any other means represents a breach of conditions of entry and will be dealt with accordingly.

Signature of Applicant: _____ **Date:** ___/___/___
(day/month/year)

Section 5 – Qualification Information

Primary Medical Qualification: _____

University/Medical College: _____

Country of Qualification: _____ Date Awarded: __/__/__

(First time applicants must attach an attested copy of primary medical qualification certificate)

Section 6 – Training/Clinical Experience(i) Provide details of one year of pre-registration/internship training (signature/documentary evidence is **not** required):

Name and address of Hospital: _____

Specialty and Grade: _____

Start date: __/__/__ End Date: __/__/__ Duration (months): _____

(ii) Provide confirmation of clinical experience. This **must be a minimum of one year** (12 months) in any branch of the profession and must have been completed by the closing date for applications. Your application will not be accepted if you do not meet this requirements (signatures/documentary evidence **is** required). Please note that the pre-registration/internship year detailed above cannot be included towards the clinical experience in this section.

If you are unable to obtain signatures on this form, relevant details must be entered below and letters/certificates of verification attached. See 'supporting documentation' section of the guidenotes above. Details of clinical experience must specify posts held.

Name and Address of Hospital		Specialty and Grade
Name, Position and Signature of Hospital Official		
Start Date	End Date	Duration (months)

Name and Address of Hospital		Specialty and Grade
Name, Position and Signature of Hospital Official		
Start Date	End Date	Duration (months)

EQUAL OPPORTUNITIES MONITORING

The Royal College of Physicians and Surgeons of Glasgow aims 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 2018 and the General Data Protection Regulation, but used only for monitoring our business practices.

Gender

- Female
- Male
- Transgender
- Prefer not to say

Marital Status

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

Do you consider your first language to be English?

- Yes
- No
- 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

What is your religion or belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion/belief
- No religion
- 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



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Examination Payment Form

Important information:

Name of candidate (BLOCK CAPITALS): _____

Examination Date: _____ Examination Centre: _____

Please indicate below your preferred method of payment (Tick as appropriate):

Bank draft Cheque Credit/debit card Bank Transfer

PAYING BY BANK DRAFT OR CHEQUE

Bank Drafts and Cheques should be made payable to the Royal College of Physicians and Surgeons of Glasgow and should be included with your original application form. Please print your name clearly on the back of the cheque.

Candidates paying by bank draft or cheque, but submitting their application form via email, must attach the draft/cheque to a copy of this payment form and send it to the address below.

Bank Draft or Cheque number: _____

PAYING BY CREDIT CARD/DEBIT CARD

Please note that candidates applying to the **Royal College of Physicians and Surgeons of Glasgow** should not send their credit card details with their application. Any details received will be destroyed upon receipt.

Once your application has been assessed for eligibility you will be sent details of how to make your payment.

PAYING BY BANK TRANSFER

Once your application has been assessed for eligibility you will be sent the College's bank details and given advice as to how to make your payment.

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 such a withdrawal 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.