

Intercollegiate MRCS Examination Examiner Application Form

Application forms and references should be typed and submitted electronically. Please note that any missing reference information is liable to slow down the process, so please ensure that all necessary information is included with your application.

Personal details		
Surname:	First Name/s:	Title:
Home Address:	Personal email address:	
	Daytime tel:	
	Mobile tel:	
	Date of Birth:	
Name of Hospital:	Work Email address:	
Work Address:	Specialty:	
	Sub-specialty interest:	
Hospital / Rooms tel:	GMC / IMC Number (if applicable):	

Education Qualifications obtained (including degrees, diploma, and professional examinations). Please state country of first Medical Qualification. Evidence may be requested.		
Exam / Qualification	Grade:	Year:

Hospital and Medical Appointments (current appointment first followed by those relevant to the application).

Name and Address	Position held	From:	To:	Specialty

Training / Teaching / Examining / Education Experience (Continue on a separate sheet if necessary).

	Dates:

Previous employment (continue on separate sheet if necessary)

Employer's name and address	Position held and duties	Dates from to	Reason for leaving

Personal Statement

Please explain why you are interested in examining and what qualities you would bring to the position of Examiner. Where possible, please cite evidence of your commitment.

Large empty rectangular box for writing the personal statement.

Examiner Type

I am applying as a Clinician or Basic Scientist:

Clinician: <input type="checkbox"/> (As a clinical examiner you will be expected to examine in all stations. However, to aid exam preparation please indicate one area of preference to examine in for the Basic Sciences)	Anatomy: <input type="checkbox"/> Pathology: <input type="checkbox"/> Physiology: <input type="checkbox"/>
Examiner of the Basic Sciences: <input type="checkbox"/> (Please indicate one area you wish to examine in for the Basic Sciences)	Anatomy: <input type="checkbox"/> Pathology: <input type="checkbox"/> Physiology: <input type="checkbox"/>

References

Please supply the names, addresses, email addresses and telephone numbers of two referees who can provide an independent view on how you meet the eligibility criteria and the person specification (see page 7). Applicants should inform their referees that they have named them as their referee. For your application as a Clinician, at least one of the references should be from someone with knowledge of your current clinical practice. Basic Science applicants should similarly provide at least one referee with knowledge of your current Basic Science practice.

1 st Referee	2 nd Referee
Name:	Name:
Address:	Address:
Office hours tel.:	Office hours tel.:
Email:	Email:
Relationship:	Relationship:

GDPR

General Data Protection Regulation. I understand that, if I am appointed, personal information about me including performance data relating to examiner training and feedback will be computerised for personnel / administrative purposes and statutory returns and will be held by the ICBSE office, the examiner's affiliated College and the RCSI staff who administer the electronic training portal and feedback process. As examiners can be temporarily inactive this information will be held electronically for the maximum possible duration of the examiner's term of office (currently 16 years).
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Notification of Chief Executive / Medical Director

Given the time spent away from the employing authority when examining, it is expected that a potential examiner will inform their Chief Executive / Medical Director of their application to become an Intercollegiate MRCS examiner and list this commitment in their job plan.
I confirm that I have informed my Chief Executive/Medical Director of my application to become an Intercollegiate examiner: <input type="checkbox"/>
Name of Chief Executive/Medical Director:

Declaration

I confirm that I will, if appointed, honour examining commitments faithfully: <input type="checkbox"/>
I certify that I conform to the eligibility criteria and that the information I have given above is to the best of my knowledge correct: <input type="checkbox"/>

By submitting your application to the College you are declaring that the information provided is correct and complete to the best of your knowledge.

Submitting your application

Please e-mail your completed application form to the College to which you are applying:

The Royal College of Surgeons of Edinburgh

E-mail: surgicalexams@rcsed.ac.uk

The Royal College of Surgeons of England

E-mail: MRCS&DOHNS@rcseng.ac.uk

The Royal College of Physicians and Surgeons of Glasgow

E-mail: dohns@rcpsg.ac.uk

The Royal College of Surgeons in Ireland

Email: courtorexaminers@rcsi.ie

EQUAL OPPORTUNITIES MONITORING

The Royal Colleges of Surgeons of the United Kingdom and in 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 all applicants to complete this section. You are not obliged to provide any of the information in this section, and a 'prefer not to say' option is provided, 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 held in accordance with the General Data Protection Regulation 2016 and held in line with the retention schedule of the College you applied to. Information relating to the retention schedule can be supplied on request. Your information will be used only for monitoring our business practices.

Gender

- Female
- Male
- Non-binary
- Transgender
- Prefer not to say
- Other (write in)

Ethnicity

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

a) White

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

b) Mixed / Multiple Ethnic Groups

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

c) Asian or Asian British

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

d) Black / African / Caribbean / Black British

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

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/Straight
- Lesbian or Gay
- Prefer not to say
- Other (write in)

Marital Status

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

What is your religion or belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- No religion
- Sikh
- Prefer not to say
- Other religion/belief (write in)