

The Society of Apothecaries of London

Diploma in Genitourinary Medicine (Dip G-U Med)

Application Form: November/December 2010

- Please read the explanatory notes overleaf **BEFORE** completing the 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**.
- Send your application to the Exams Office to **arrive** no later than the published closing date (below).
- All personal information held by the Examinations Department of the Society of Apothecaries of London will be held in accordance with the Data Protection Act 1998 and the Freedom of Information Act 1998. Data will be used in data comparisons to verify qualifications and to prevent fraudulent activity, and may be used for this purpose.

Application closing date: 17.00 Tuesday 28 September 2010

Please note – applications received after this date will NOT be accepted.

FOR OFFICE USE ONLY

Sessions completed

BASHH course completed?

Approved on behalf of the Court of Examiners:

Registrar: _____

Date: _____

Date	<input type="text"/>
Complete?	<input type="text"/>
Payment	<input type="text"/>
	<input type="text"/>

CANDIDATE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION 1 – Personal details (please use BLOCK CAPITALS): see notes 1.1 – 1.2

Please give your full name EXACTLY as it appears on the Diploma of your PRIMARY MEDICAL QUALIFICATION unless you have since changed your name by marriage or Deed Poll.

TITLE _____

SURNAME/FAMILY/LAST NAME _____

FORENAME(s) _____

CORRESPONDENCE ADDRESS _____

Town _____ **Postcode** _____ **Country** _____

CONTACT DETAILS (Include area code):

Home: _____ Work: _____ Ext: _____

Mobile: _____ Fax _____

EMAIL

Please read the **SAL Guide to the Diploma** (available online at www.apothecaries.org) carefully before completing this form as incomplete applications may be returned.

You are required to complete Form A if you are entering the examination for the **FIRST** time. For re-entrants please refer to the **Guide to the Diploma**.

Your application must be received no later than **5.00pm on the closing date shown in the Administrative Guidance for Candidates**.

APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE ACCEPTED AND NO ALLOWANCE CAN BE MADE FOR POSTAL DELAYS.

CANDIDATE NUMBER

You will be issued with a candidate number after the application closing date. This will be unique to you and will be your identification number during this examination. Please quote this number in all future correspondence with the Society.

SECTION 1: Personal details

1.1 Family/Last Name and Forename(s) Please give your full name EXACTLY as it appears on the Diploma of your PRIMARY MEDICAL QUALIFICATION unless you have since changed your name by marriage or Deed Poll. Any initial, abbreviation, change in the order, number and spelling of names will require that you produce original documentary evidence to explain the discrepancy.

1.2 Correspondence address The address you provide will be used for all correspondence including the address to which your admission document will be sent. If using a hospital address, please also give the relevant Department. If your address changes, please notify the Examinations Office in writing as soon as possible.

SECTION 2: GMC registration

2.1 GMC Registration If you have Full, Limited or Provisional Registration with the General Medical Council and you appear on the GMC website (www.gmc-uk.org), YOU DO NOT NEED to submit documentary evidence of your primary medical qualification. YOU MUST however complete Section 2, Form A to include your GMC number and the date you obtained your Registration.

If you are NOT REGISTERED with the General Medical Council you MUST submit documentary evidence of your primary medical qualification (AUTHENTICATED COPY ONLY – no originals please). Furthermore you MUST submit evidence of CURRENT registration in your own jurisdiction. For further information please refer to the Guide to the Diploma.

SECTION 3: Qualifications

3.1 Degree The abbreviation of the title of degree awarded, for example, Doctor of Medicine = MD, Bachelor of Medicine and Bachelor of Surgery = MBBS. Please write the name of your primary medical qualification exactly as it appears in the WHO world directory of medical schools.

3.2 Date conferred The date on which the degree certificate was conferred upon you (usually the ceremony date or the date you passed your final examination, whichever is earlier).

3.3 Issuing University The full name of the university of your instruction

3.4 Town The town or city in which the university is located

3.5 Other qualifications Please only list qualifications relevant to the Diploma

SECTIONS 4 - 6: ELIGIBILITY

For eligibility criteria please refer to the Guide to the Diploma.

SECTION 7

7.1 Countersignature Applications for the Dip G-U Med examination MUST be endorsed by your current or most recent Educational Supervisor. For candidates who are not specialists (i.e. SpRs or STs) in G-U Medicine this form must be countersigned by their medical employer. Failure to provide full and correct information will render your application incomplete, in which case it may be rejected. Please note that verification may be sought through direct communication with your educational supervisor/employer.

EXAMINATION FEES

Fees are published in the **Administrative Guidance for Candidates** (available online at www.apothecaries.org) and are revised annually. Fees are likely to increase from the first examination of each year.

For payment methods please refer to the **Administrative Guidance for Candidates**.

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