



## SECTION 1b – Date of last entry

DATE OF LAST ENTRY (DD.MM.YY) \_\_\_\_\_

## SECTION 2 – Registration with professional body: see note 2.1

Are you currently registered with the General Medical Council of the United Kingdom (GMC)?\* YES / NO (please circle)

Date obtained \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / GMC NUMBER: (if applicable)

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\* If not registered with the GMC – please refer to Notes

## SECTION 3 – Current appointment: See note 3.1

Please select current post. (Please note that this information is for data collection purposes only).

- |           |                          |           |                          |         |                          |  |                          |
|-----------|--------------------------|-----------|--------------------------|---------|--------------------------|--|--------------------------|
| SpR 1 GUM | <input type="checkbox"/> | STR 1 GUM | <input type="checkbox"/> | ST3 GUM | <input type="checkbox"/> | LAT GUM                                | <input type="checkbox"/> |
| SpR 2 GUM | <input type="checkbox"/> | STR 2 GUM | <input type="checkbox"/> | ST4 GUM | <input type="checkbox"/> | LAT Other (*please specify below)      | <input type="checkbox"/> |
| SpR 3 GUM | <input type="checkbox"/> | STR 3 GUM | <input type="checkbox"/> | ST5 GUM | <input type="checkbox"/> | Other specialty training grade         | <input type="checkbox"/> |
| SpR 4 GUM | <input type="checkbox"/> | STR 4 GUM | <input type="checkbox"/> | ST6 GUM | <input type="checkbox"/> | (*please specify year and grade below) | <input type="checkbox"/> |
|           |                          |           |                          |         |                          | NCCG – inc GP (*please specify below)  | <input type="checkbox"/> |

\*Details \_\_\_\_\_

Hospital \_\_\_\_\_

Deanery \_\_\_\_\_

Dates MM/YY(from+to) \_\_\_\_\_

Full/Part time \_\_\_\_\_

Sessions/week (if part-time) \_\_\_\_\_

## SECTION 4 – OSCE session preference

Please indicate your preferred session for the OSCE. Please NOTE that indication of a preference does **not** guarantee a place for that slot. Sessions will be allocated on a first come first served basis and will **not** be confirmed until the day of the written paper.

- |            |                           |       |                          |
|------------|---------------------------|-------|--------------------------|
| Session 1: | Wednesday 1 December 2010 | 13.15 | <input type="checkbox"/> |
| Session 2: | Thursday 2 December 2010  | 09.30 | <input type="checkbox"/> |
| Session 3: | Thursday 2 December 2010  | 13.15 | <input type="checkbox"/> |

**SECTION 5 – Dip G-U Med Examination Agreement – Form R/1**

\_\_\_\_\_ [FULL NAME IN BLOCK CAPITALS]

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 have read and understood the SAL Guide to the Diploma incorporating the Regulations and Syllabus and I understand that my entrance to the examination may be forfeited if any information or documentation requested is not correct or omitted.

**Data protection:** I consent to the information in this form being held on the Society's database and to my name, if the Diploma is awarded, being disclosed in any enquiry concerning diplomates.

I have submitted the following with my signed application form, prior to the closing date (please tick where applicable):

**Candidates registered with the GMC:**

Current examination fee (OR  please tick here if you have paid via Pay Pal™)

**Candidates NOT registered with the GMC:**

Current examination fee (OR  please tick here if you have paid via Pay Pal™)

Evidence of CURRENT registration in own jurisdiction

I accept that incomplete applications may lead to a delay in processing my application and may lead to it being returned.

I understand that if I withdraw or defer my application after the closing date I will forfeit a proportion of the application fee as per the Regulations and Syllabus ([www.apothecaries.org](http://www.apothecaries.org)).

I understand that faxed or e-mailed applications or photocopied signatures will not be accepted for reasons of confidentiality or security.

I agree to the above, if any of the above is not correct or is not fully met the Society of Apothecaries of London reserves the right to reject my application and I will not be permitted to re-apply until the next diet.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /  
DD MM YY

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

You are required to complete Form R/1 if you are re-entering the examination. For first time entry 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](http://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 either 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 ELIGIBILITY

**3.1 Eligibility** For eligibility criteria please refer to the Guide to the Diploma.

#### EXAMINATION FEES

Fees are published in the **Administrative Guidance for Candidates** (available online at [www.apothecaries.org](http://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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