



Membership Examination of the College of Emergency Medicine

MCEM Part A Application Form

Exam Sitting: (see unique identifier on CEM website)

Personal Details:

Surname:

Please state name exactly as it appears on the GMC/IMC register or equivalent body. If your name is different on your passport, please indicate alternative name.

Title: Dr/Mr/Mrs/Miss/Ms (please circle)

Forename(s):

Date of birth: (dd/mm/yyyy)

Gender: Female/Male (please circle)

GMC/IMC Number (if applicable): **Date registered:**.....

Type of registration (please tick appropriate box)

Full Full & Specialist Limited

Overseas registration body and number:

Date registered:

Address for Correspondence (must be valid at time of exam):

.....

..... **Postcode:**.....

Telephone Numbers: Day: **Evening:**

Mobile:

Email:

Medical Degree - University:

Country:

Degree conferred i.e. MB BS, MB ChB etc:

Year of qualifying:

Additional Postgraduate qualification(s):.....

Year qualification(s) obtained:

Hospital stamp of certifying Consultant /Tutor

Passport sized photo to be attached here

I certify that this is a true and recent likeness of the candidate.

Name of Consultant/Tutor (CAPITAL LETTERS)

.....

Signature of Consultant/Tutor:

.....

BASIS ON WHICH APPLICATION IS BEING MADE:

Trainee holding a National Training Number or an FTSTA or LAT

Yes No *(please tick appropriate box)*

Please state your NTN training number (if applicable):.....

Please state the name of your Deanery (if applicable):

Please state the name of your STC Chair/Head of School:

Please state the name of your Programme Director:

Please state your year of training (if applicable ST1, ST2 etc.):

Trainee working in Ireland -

Enrolled with ACEMT

Yes No *(please tick appropriate box)*

Please state your NTN training number (if applicable):.....

Please state the name of your STC Chair/Head of School:

Please state your year of training (if applicable ST1, ST2 etc.):

Part A cannot be taken sooner than the second foundation year of training or its overseas equivalent. Thus the Candidate must have completed at least one year of experience post qualification and therefore must have full or limited registration with the GMC (or equivalent).

Employment History – in chronological order starting from earliest posts

Specialty	Grade	Training Post, Trust post or locum (please indicate)	Hospital	Full-time or part-time (hours per week)	Dates from/to (dd/mm/yy)	Please indicate the total number of months in this post	Educational Supervisor Name

DECLARATION (To be signed by the candidate)

I declare to the best of my knowledge that all the information given on this form is a true statement of fact.

I have read and understood the Regulations relating to the Membership Examination.

Signature of Candidate: **Date:**

All personal information held by the Examinations Section of the College will be held in accordance with the Data Protection Act of 1998/Freedom of Information Act 1998. Any data collected will not be released elsewhere without your permission.

REQUEST FOR SPECIAL ARRANGEMENTS

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO NOTIFY THE EXAMINATIONS SECTION/DEPARTMENT OF ANY SPECIAL REQUIREMENTS IN ADVANCE OF THE EXAMINATION AND SUBMIT APPROPRIATE SUPPORTING EVIDENCE AS SPECIFIED IN THE REGULATIONS.

Applications for special arrangements on medical or compassionate grounds must be supported by written verification from the Consultant Trainer or Postgraduate Dean responsible for training. Applications must be submitted together with medical certification at the time of application.

PAYMENT

I enclose the fee of £250

Enclosures:

- Passport sized photo
- Fee **£250.00** Cheque/Bank Draft made payable in Pounds Sterling to **The College of Emergency Medicine**
- Completed equal opportunities monitoring form
- For overseas candidates** - a copy of your medical registration issued by the appropriate body

Please return to:

The College of Emergency Medicine, Churchill House, 35 Red Lion Square, London WC1R 4SG



College of Emergency Medicine Equal Opportunities Monitoring

The College of Emergency Medicine is an equal opportunities organisation committed to ensuring that no employee receives less favourable treatment than others on grounds of gender, age, disability, marital status, race, religion or sexual orientation.

To assist us in monitoring this policy, it would be helpful if you could provide the information requested below. This information will be kept separate from your application form and is used for monitoring purposes only.

GMC/IMC number:

Nationality:

1st Language:

Gender: Male Female

Choose one selection from the list below to indicate your cultural background:

White

- British
- Irish
- Any other White background, please specify:

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please specify:

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please specify:

Black or Black British

- Caribbean
- African
- Any other Black background, please specify:

Chinese or other ethnic group

- Chinese
- Any other ethnic background, please specify:

Non-declaration

- I do not wish to declare my cultural background and therefore have not completed the above.

Signature:(Candidate)

Date: