



Membership Examination of the College of Emergency Medicine
Part C (OSCE) Application Form

Exam Sitting: (see unique identifier on CEM website)

Personal Details:

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

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.

Forename(s):

Date of birth: (dd/mm/yyyy)

Gender: Female/Male (please circle)

GMC/IMC Number (if applicable):

Overseas registration body and number:

Type of registration (please tick appropriate box)

- Full Full & Specialist Limited

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:

.....

Employment History – in chronological order starting from earliest posts. Please include ALL posts.

Specialty	Grade	Training Post	Deanery Locum	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

Please photocopy this page if you have more posts.

Date passed Part B – MCEM:

Number of attempts at Part B:

EMPLOYMENT HISTORY:

Current position:

Date commenced:

Hospital:

Specialty:

Grade:

Name of Consultant/Tutor: **(CAPITAL LETTERS)**

.....

Signature of Consultant/Tutor:

.....

Hospital stamp of certifying Consultant/Tutor

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 ON APPLICATION 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(s) of £ (£300.00)

Please submit separate undated cheques for each examination you are applying for.

Enclosures: NB without enclosures your application will not be processed

- Curriculum vitae (1 copy – up to date)
- Passport sized photo
- Fees as appropriate – **undated cheque** made payable in Pounds Sterling to The College of Emergency Medicine (£300.00)
- 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:

- a) **White**
 - British
 - Irish
 - Any other White background, please specify:
- b) **Mixed**
 - White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other Mixed background, please specify:
- c) **Asian or Asian British**
 - Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background, please specify:
- d) **Black or Black British**
 - Caribbean
 - African
 - Any other Black background, please specify:
- e) **Chinese or other ethnic group**
 - Chinese
 - Any other ethnic background, please specify:
- f) **Non-declaration**
 - I do not wish to declare my cultural background and therefore have not completed the above.

Signature:(Candidate)

Date: