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**APPLICATION FOR SURGICAL MEMBERSHIP EXAMINATION**

1. Applicants who have passed the Intercollegiate MRCS Examination are immediately eligible for Membership by examination (Ordinance 2.2 (1)).
2. All successful applicants will be have to pay the annual subscription fee and joining fee unless it can demonstrated that they are already an extant Member of RCS(Ed), RCPSG or RCSI in which case the joining fee will be waived. (Please provide proof).
3. All parts of this application form must be completed. Once completed, please ensure it is duly signed. Together with a current CV and copies of certificates of other College(s)**,** it should be sent to the Head of Membership at the address above or [membership@rcseng.ac.uk](mailto:membership@rcseng.ac.uk) .
4. It is important to note that, by joining The Royal College of Surgeons, you agree to:

* Abide by the Ordinances of the College
* <http://www.rcseng.ac.uk/about/college-ordinances-standing-rules-and-regulations>
* Maintain the welfare and dignity of the College
* Only use the post-nominals MRCS whilst your membership is maintained
* Safeguard your Membership Diploma, and return it to the College should your membership lapse for any reason
* Your name being listed on the College website in the searchable ‘Find your Surgeon or Specialist’ online membership database <http://www.rcseng.ac.uk/patients/find-your-surgeon>
* Keep the College informed of any change of address or personal details via at <http://www.rcseng.ac.uk/account>
* an up-to-date email address is essential for your access to the College Library’s steadily increasing number of e-journal holdings
* Your information being held in accordance with the Data Protection Act 1998; it will be available to all College departments and may be shared with any relevant Specialist Associations located within the building, but not for commercial services

**PART A:**

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| SECTION 1 – Applicant - Personal Details | | | | | |
| Title: | | | | | Date of Birth: |
| First Names: | | | | | |
| Last Name: | | | | | |
| Gender |  | Male |  | Female | |

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| SECTION 2 – Contact Details | | | | | |
| HOME | | | | | WORK |
| Address | | | | | Address |
|  | | | | |  |
|  | | | | |  |
|  | | | | |  |
| Postcode/Zip code | | | | | Postcode/Zip code |
| Country: | | | | | Country: |
| Email: | | | | | Email: |
| Preferred place of contact: |  | Home |  | Work | |

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| SECTION 3 - Qualifications | | |
| Primary qualification: | | Date Awarded |
| Name of awarding institution/College: | | Country: |
| Higher Surgical qualifications (please list together awarding College) | | Date: |
| GMC number (if held): | GMC Specialist Register : YES/ NO | |
| Non UK – Board Certified or equivalent: YES/NO | | |
| Intercollegiate MRCS Examination part A and OSCE passed: YES/NO | | |
| Final Intercollegiate MRCS Examination date: | | |

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| SECTION 4 – Current Employment | | |
| Job Title: | | |
| Specialty: | Date appointed: | Full Time/Part Time |
| Description of role: | | |
| Place of Employment: | | |

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| SECTION 5 – Personal Statement |
| Briefly outline your reason for wishing to become a Member of the RCS. |

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| SECTION 6 – Signature |
| I declare that the information I have given is correct:  Signature:……………………………………………………………………  Date:………………………………………………………………………… |