

Intercollegiate MRCS Examination Examiner Application Form

Application forms must be typed and submitted electronically.

Incomplete applications are not accepted.

Please do not submit CV

Please review person specification requirements before completing application

Personal details		
Surname:	First Name/s:	Title:
Home Address:	Personal email address: Mobile tel: Date of Birth:	
Name of Hospital: Work Address:	Work Email address: Personal Email: Specialty: Sub-specialty interest: GMC / IMC Number (if applicable):	

College Membership/Fellowship

Applicants must be in good standing with their College/Regulator.

Please provide your current standing with the College only if you are up to date with your subscription fees.

Please specify the college with which you are a member and/or fellow. Membership Choose an item. Year Obtained: Click or tap here to enter text. Fellowship: Choose an item. Year Obtained: Click or tap here to enter text.	Please indicate if you examine in MRCS for another College: Choose an item. Please provide your examiner number: Click or tap here to enter text. Please provide your Regulator information: Click or tap here to enter text.
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Examiner Type

Clinical examiners please also indicate area of preference for Basic Science

Type Choose an item.	Basic Science Preference Choose an item.
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Education Qualifications obtained (including degrees, diploma, and professional examinations). Please state country of first Medical Qualification. Evidence may be requested.

Exam / Qualification	University/Awarding Body	Year:

Hospital and Medical Appointments

Please list details of current and previous posts after obtaining the MRCS or equivalent degree for MRCS ad eundem holders.

Name and Address	Position held	From:	To:	Specialty

Describe your previous teaching/training/examining experience and why you wish to examine for MRCS

Describe how you meet the MRCS Examiner essential and desirable criteria

References

Please provide the names, job titles, work addresses, and email addresses of **two referees** who can offer an independent assessment of how you meet the eligibility criteria and person specification ([view here](#)). You must inform and seek consent from your referees before including their details.

Referee Criteria:

Current Senior Colleague: Referees must be senior colleagues who hold a substantive (permanent) post in surgery, ideally with managerial responsibility for your work.

Organisational Affiliation: Referees must be from your current organisation to ensure they are familiar with your recent professional experience.

Structured Reference: The referees must be able to provide a structured reference that demonstrates your suitability for the role by endorsing your qualifications and performance in line with the eligibility criteria and person specification.

The referees must be a current senior colleague who hold a substantive (permanent) posts in surgery, preferably one with managerial responsibility for the applicant, and is from the applicants current organisation.

The referee must be able to demonstrate suitability for the role by endorsement of the examiner applicant in a structured references

The 1st referee must be completed by **UK and Ireland based applicants only**. Your referee must be selected from the drop-down list below.

The 2nd referee is for **all examiner applicants**

The 3rd referee is for **non-UK and Ireland based applicants only**

1 st Referee (UK and Ireland applicants only)	2 nd Referee (all applicants)
<input type="checkbox"/> Tick to confirm that the referee is aware of the request	<input type="checkbox"/> Tick to confirm that the referee is aware of the request
Referee Type: Choose an item.	Senior colleague who hold a substantive consultant posts in surgery
Name:	Name:
Work Address:	Work Address:
Email:	Email:

3 rd Referee (non-UK and Ireland applicants only)
<input type="checkbox"/> Tick to confirm that the referee is aware of the request
Referee Type: Choose an item.
Name:
Work Address:
Email:

GDPR

General Data Protection Regulation. I understand that, if I am appointed, personal information about me including performance data relating to examiner training and feedback will be computerised for personnel / administrative purposes and statutory returns and will be held by the ICBSE office, the examiner's affiliated College and the RCSI staff who administer the electronic training portal and feedback process. As examiners can be temporarily inactive, this information will be held electronically for the maximum possible duration of the examiner's term of office (21 years).

Declaration

Please confirm by ticking box

I will act with courtesy, fairness and non-discrimination towards all candidates, fellow examiners and College staff	<input type="checkbox"/>
I will respond constructively to verbal or written performance feedback by undertaking the necessary adjustments and development and will demonstrate the required change	<input type="checkbox"/>
I confirm I am on the medical register of the country in which I practice with no restrictions or sanctions	<input type="checkbox"/>
I am not currently the subject of an investigation by a regulator in any country I have practised in or have/had registration in. Nor am I under investigation by my employer(s).	
I will maintain my Membership/Fellowship with my College for the duration of my tenure as an Examiner.	<input type="checkbox"/>
I expect a review of my examiner role after initial probationary period of 3 examinations and I am able to complete a minimum of 6 years of examining and a maximum of 21 years subject to 5 yearly satisfactory reviews.	<input type="checkbox"/>
By submitting this application, I confirm that the above information is correct and I meet the essential requirements as outlined in the person specification and, if appointed, will honour examining commitments faithfully.	<input type="checkbox"/>

Please add your digital signature below

Submitting your application

Please e-mail your completed application form to the College to which you are applying:

The Royal College of Surgeons of Edinburgh

E-mail: surgical.exams@rcsed.ac.uk

The Royal College of Surgeons of England

E-mail: surgicalexaminers@rcseng.ac.uk

The Royal College of Physicians and Surgeons of Glasgow

E-mail: mrcsexaminers@rcpsg.ac.uk

The Royal College of Surgeons in Ireland

Email: courtorexaminers@rcsi.ie

EQUAL OPPORTUNITIES MONITORING

The Royal Colleges of Surgeons of the United Kingdom and in Ireland aim to ensure fair treatment in relation to admission and assessment of examination candidates. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair examination to all candidates.

In line with UK and Irish legislation and good practice guidelines, we are asking all applicants to complete this section. You are not obliged to provide any of the information in this section, and a 'prefer not to say' option is provided, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be held in accordance with the General Data Protection Regulation 2016 and held in line with the retention schedule of the College you applied to. Information relating to the retention schedule can be supplied on request. Your information will be used only for monitoring our business practices.

Gender

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Transgender
- ☐ Prefer not to say
- ☐ Other (write in)

Ethnicity

Choose one selection from the list below to indicate your ethnic group or background.

a) White

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Gypsy or Irish Traveller
- ☐ Irish
- ☐ Any other White background (write in)

b) Mixed / Multiple Ethnic Groups

- ☐ White and Asian
- ☐ White and Black African
- ☐ White and Black Caribbean
- ☐ Any other mixed background (write in)

c) Asian or Asian British

- ☐ Bangladeshi
- ☐ Chinese
- ☐ Indian
- ☐ Pakistani
- ☐ Any other Asian background (write in)

d) Black / African / Caribbean / Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean / Black British (write in)

e) Other Ethnic Group

- ☐ Arab
- ☐ Any other ethnic background (write in)

☐ Prefer not to say

Do you consider your first language to be English?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Do you have a disability under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What is your sexual orientation?

- ☐ Bisexual
- ☐ Heterosexual/Straight
- ☐ Lesbian or Gay
- ☐ Prefer not to say
- ☐ Other (write in)

Marital Status

- ☐ Civil partnership
- ☐ Cohabiting
- ☐ Married
- ☐ Separated/divorced
- ☐ Single
- ☐ Widowed
- ☐ Prefer not to say

What is your religion or belief?

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ No religion
- ☐ Sikh
- ☐ Prefer not to say
- ☐ Other religion/belief (write in)