FELLOWSHIP IN IMMEDIATE MEDICAL CARE (FIMC RCSEd)
THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH
APPLICATION FORM

Last Name in full: ______________________________________________________
(BLOCK CAPITALS)

Other Name(s) in full: ______________________________________
(BLOCK CAPITALS)

Title: _____________________________ Date of Birth: _____ / _____ / _____
DD MM YYYY

Gender: □ Female □ Male

Address (BLOCK CAPITALS): ____________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Postcode: ___________________________ Email: ____________________________

Telephone Numbers (including full international dialling code):

Contact Number: ___________________________ Mobile: ______________________

Basic Medical Degree, where obtained, with date: __________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

GMC Registration Number: ________________________________

Please confirm the date on which you passed the DIMC Examination:
____________________________________________________________________
____________________________________________________________________
Please specify which parts of the FIMC examination you wish to apply for:
(Tick options as appropriate)

**First time candidates**
- Written Papers & OSPE

**Resit candidates**
- Part A Written Papers & Part B OSPE
- Part A Written Papers only
- Part B OSPE only

to be held on: ___/___/_____
Day/Month/Year

Candidates who are unsuccessful at either Part A or Part B may re-sit the relevant component alone provided it is within 18 months of the first attempt.

Please list the dates of any previous attempts at the FIMC RCSEd Examination:

**Date of sitting:** ___/___/_____  
DD   MM   YYYY

Date of sitting: ___/___/_____  
DD   MM   YYYY

Date of sitting: ___/___/_____  
DD   MM   YYYY

**Level of training and Deanery Association at the time of application:**
(The Faculty is required by the General Medical Council (GMC) to collect the following information)

Are you in a UK recognised training post? Yes / No (circle as appropriate)

If you answered “yes” please specify your Specialty here: ________________________________

Please indicate the level of your training by circling the appropriate level below:

- FY1
- FY2
- ST/CT1
- ST/CT2
- ST/CT3
- ST4
- ST5
- ST6
- Other

Please indicate the Deanery to which you are appointed by ticking the appropriate box if applicable:

- Not applicable
- Health Education Kent, Surrey and Sussex
- Health Education East Midlands
- Health Education Yorkshire and Humber
- Health Education East of England
- Health Education Wessex
- Health Education Thames Valley
- Health Education North West London
- Health Education South London
- Health Education North Central and East London
- Health Education North West London
- Health Education South West London
- Health Education East Midlands
- Health Education Yorkshire and Humber
- Health Education East of England
- Health Education Wessex
- Health Education Thames Valley
- Health Education North West London
- Health Education South London
- Health Education North Central and East London
**Training Programme Director Statement:**

I confirm that ______________________________________ (candidate’s name) is currently a trainee on the following approved PHEM sub-specialty training programme:

(insert name of training programme above)

and has now completed a sufficient amount of clinical experience in the area of pre-hospital emergency care to be eligible to sit the FIMC Examination. I also confirm that he/she has completed at least 5 years of post-registration experience.

Signature: ____________________________________________

Full Name (print): ______________________________________

Position: ____________________________________________
Fellowship in Immediate Medical Care (FIMC RCSEd) Application Form

THIS PAGE IS ONLY TO BE COMPLETED BY CANDIDATES WHO ARE NOT IN GMC APPROVED PHEM SUB-SPECIALTY TRAINING PROGRAMMES

APPLICANTS WHO HAVE UNDERTAKEN ALTERNATIVE FORMS OF PRE-HOSPITAL CARE TRAINING OUTSIDE OF APPROVED PHEM SUBSPECIALTY TRAINING PROGRAMMES MUST DEMONSTRATE THAT THEIR EXPERIENCE AND TRAINING CAN BE CONSIDERED EQUIVALENT TO THAT OF A SUB-SPECIALITY TRAINEE.

THIS REQUIRES THAT THE APPLICANT SUBMITS A CERTIFICATE OF FIMC ELIGIBILITY ISSUED BY THE FACULTY OF PRE-HOSPITAL CARE

**CERTIFICATE OF FIMC ELIGIBILITY DECLARATION**

I have applied for and successfully received a Certificate of FIMC Eligibility from the Faculty of Pre-Hospital Care and I enclose a copy of the certificate letter with this application form.

Candidate Signature: ____________________________ Date: _____ / _____ / ______

                   DD                MM                YYYY

Print Name: ____________________________
Fellowship in Immediate Medical Care (FIMC RCSEd) Application Form

Important Information

Request for Special Arrangements
It is the responsibility of the candidate to notify the Examinations Section of any special requirements at the time of application to the examination and submit appropriate supporting evidence as specified in the regulations.

Applications for special arrangements on medical or compassionate grounds must be supported with medical certification at the time of application.

Cancellation of Examination
In the unlikely event that the Royal College of Surgeons of Edinburgh has to cancel the examination, the examination fee shall be reimbursed, but the Royal College of Surgeons of Edinburgh shall incur no further liability.

Privacy Notice:
If you are registered or anticipate being registered with the GMC then your personal data, including data about your exam results, will be passed to the GMC for quality assurance and research purposes and to facilitate the awarding of certificates of completion of training (CCTs).

Explanatory Note for Information:
It is a requirement that candidate demographic and results information is routinely made available to the GMC for statistical purposes. Candidate information will not be handled by or be visible to any other third parties, individuals or organisations, except for research purposes as approved by procedures laid down by the GMC Ethics Committee.

CANDIDATE DECLARATION

I have read and understood the Regulations for the Fellowship in Immediate Medical Care RCSEd currently in force. I declare that to the best of my knowledge all the information given on this form is a true statement. Any false statement will invalidate my entry.

Candidate Signature: ____________________________ Date: _______ / _______ / _______
METHOD OF PAYMENT
All sections must be completed

Name of candidate (BLOCK CAPITALS): ________________________________

Payment must be made in full by (tick as appropriate):

Bank draft □ Cheque □ Credit/Debit Card □

Cheques should be made payable to The Royal College of Surgeons of Edinburgh. Print your name on the back of the cheque.

Cheque number: __________________________________

CREDIT CARD / DEBIT CARD

I wish to pay by:
(Tick as appropriate)

☐ VISA  ☐ MASTERCARD  ☐ DELTA  ☐ VISA DEBIT  ☐ MAESTRO

Card Number: ____________ ____________ ____________ ____________

Valid from date: __ / _______  Expiry date: ______ / _______

Three-digit security number: __________________ (found on the reverse of your card)

Issue Number (if applicable) __________________

Amount authorised to be withdrawn: ____________________

For details of current examination fees, please refer to the examinations calendar.

Name of cardholder: ________________________________

Address of cardholder: ________________________________

_____________________________________________________

Email address of cardholder: __________________________

Signature of cardholder: _______________________________ Date: ______ / ______ / ______

Day/ Month/ Year
Fellowship in Immediate Medical Care (FIMC RCSEd) Application Form

CANDIDATES CHECKLIST - is your application form complete?

Failure to provide the documentation listed below may result in your application form being rejected

<table>
<thead>
<tr>
<th>All Candidates: have you included the following?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complete and up-to-date contact information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Two recent passport-sized photos with your name printed on the back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Full examination fee*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Confirmed date of passing the DIMC Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Signed and dated the declaration confirming that you have read and understood the regulations in force at time of application.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PHEM Trainees are required to obtain:**

- Confirmation of your training from your Training Programme Director

**Non PHEM Trainees are required to:**

- Submit the Certificate of FIMC Eligibility issued by the Faculty of Pre Hospital Care

*If paying by cheque, ensure that the cheque has been signed, dated and has the amount written in words and numbers. Cheques and bank drafts must be drawn on a UK bank. Ensure that your name is written on the back of the cheque or draft.

Completed Applications are to be posted to:

The Examinations Section
The Royal College of Surgeons of Edinburgh
Nicolson Street
Edinburgh
EH8 9DW
EQUAL OPPORTUNITIES MONITORING

The Royal Colleges of Surgeons of Great Britain and 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, 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 recorded electronically with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practices.

Gender
☐ Female
☐ Male
☐ Transgender
☐ Prefer not to say

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

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

b) Mixed / Multiple Ethnic Groups
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ 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)

f) Other Ethnic Group
☐ Any other ethnic background (write in)
☐ Arab

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
☐ Lesbian or Gay
☐ Prefer not to say

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

What is your religion or belief?
☐ Buddhist
☐ Christian
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Other religion/belief
☐ No religion
☐ Prefer not to say