THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

DIPLOMA IN RETRIEVAL AND TRANSFER MEDICINE

Last Name in full: ____________________________________________________________
(BLOCK LETTERS)

Other names in full: _________________________________________________________
(BLOCK LETTERS)

Date of birth: ______/_____/______ Gender: ☐ Female ☐ Male
Day/Month/Year

College Username (if known) _________________________________________________

Full Postal Address: _________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Postcode:________________________

Contact Telephone Numbers:
Daytime telephone no: ___________________________ E-mail: _________________________

Mobile No: ___________________________ Fax No: ___________________________
(Including full international dialling code for overseas trainees)

I wish to enter for the Diploma in Retrieval and Transfer Medicine Examination (DipRTM RCSEd) at the following centre:

Examination Centre _________________________________________________________

Date of examination ________________________________________________________

Have you previously submitted an application form for any Examinations held by the College? YES/NO

If yes, please give date of last entry ___________________________________________
REQUIREMENTS FOR ENTRY

Candidates must be fully registered doctors, nurses, paramedics or other practitioners. In the United Kingdom registration must be with the General Medical Council, the Nursing and Midwifery Council or the Health and Care Professions Council. For candidates based outside the UK, evidence of registration with the relevant regulatory professional body is required.

Candidates must have been engaged in the practice of their profession for not less than 24 months full time (or part time equivalent) at the time of application.

Candidates must have experience in prehospital and/or retrieval medicine including the transport of critically ill patients. Experience gained must be 6 months full time or 12 months part time. Part time experience must demonstrate regular commitment.

Candidates who are within a relevant programme of training may apply at an earlier stage, in order to sit the exam in the diet that is most appropriate to their overall training needs. However, it is expected that this experience will be equivalent to 3 months full time at the time of sitting the exam.

Experience must have been gained within the past 5 years.

Candidates must provide a letter of support from their clinical supervisor or equivalent, attesting to their experience.

All applications must be accompanied with full curriculum vitae.

Candidates who do not meet the entry requirements, including those from outside the UK, may apply for special consideration. Please refer to the current regulations.

REGISTRATION DETAILS

Registration Number: __________________________ Body (GMC/NMC/HCPC/Other): __________________________

From __________________________ To __________________________

CERTIFICATE OF EMPLOYMENT

Current Employment

Title of Post __________________________

From: __________________________ To: __________________________

Grade: __________________________

Specialty: __________________________

Signature of Consultant or Authorised Hospital/Trust Officer*

________________________________________

Print Name: __________________________

Most Recent/Current Retrieval Employment

Title of Post __________________________

From: __________________________ To: __________________________

Grade: __________________________

Specialty: __________________________

Signature of Consultant or Authorised Hospital/Trust Officer*

________________________________________

Print Name: __________________________

* Candidates who are unable to provide the above certification may produce signed documentation confirming the posts they have held.
ATTEMPTS

Candidates are permitted a maximum of 4 attempts at this Examination. If you have previously attempted this Examination please list the dates of your previous attempts below.

1. ___/___/____
   Day/Month/Year

2. ___/___/____
   Day/Month/Year

3. ___/___/____
   Day/Month/Year

CANDIDATE DECLARATION

I declare that I have read and understood the Regulations relating to the Examination for which I wish to apply and I now confirm that to the best of my knowledge all the information given on this form is a true statement of fact:

Candidate Signature: ___________________________ Date: ___________________________

All personal information held by the Royal College of Surgeons of Edinburgh will be held in accordance with the Data Protection Act of 1998 and the Freedom of Information Act 1998, and the General Data Protection Regulation 2018. Any data collected will not be released elsewhere without your permission.

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

REQUEST FOR SPECIAL ARRANGEMENTS

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO NOTIFY THE EXAMINATIONS SECTION OR DEPARTMENT 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.
CANDIDATES CHECKLIST

Is your application form complete?

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

All Candidates:

Have you included the following:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

1. Complete and up-to-date contact information
2. A recent passport sized photograph
3. Full examination fee*

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

4. Certified confirmation of twenty four months experience**
5. Letter of support from lead clinician/medical director
6. Details of current registration
7. Signed and dated the declaration confirming that you have read and understood the regulations
8. Curriculum Vitae

**If you are unable to obtain the signature and stamp of your Trainer on your application form then you may submit certified certificates/letters confirming your training posts.

You will automatically be kept up to date with the progress of your application by email.
PAYMENT METHOD

Name of Candidate ……………………………………………………………………………………………………………………………………………………..

Payment must be made in full by cheque, bank/demand draft or credit or debit card. For details of current examination fees, please refer to the Examinations Database on the College website www.rcsed.ac.uk

By Cheque / Draft

Enter cheque/draft number in box provided. Cheque/draft should be made payable to: “The Royal College of Surgeons of Edinburgh”

Please print candidate name on back of cheque/draft

By Credit / Debit Card

I wish to pay by: VISA / MASTERCARD / SWITCH / DELTA / VISA DEBIT / SOLO / MAESTRO*

(*Circle appropriate card)

Card Number:                                                                

Valid From Date:  [ ] [ ] [ ] [ ] [ ] [ ] Expiry Date:  [ ] [ ] [ ] [ ]

(month) (year) (month) (year)

Debit Card Issue Number (if applicable):                                  Card Security Number*: [ ] [ ] [ ]

*(Last three digits of the number found on the signature strip on the reverse of your card)

Total Examination fee to be withdrawn from my account: £…………………

Name of Card Holder: ………………………………………………………………………………………………………………………………………………..

Signature of Card Holder: …………………………………………………………………………………………………………………………………………

Date: ………………………………………………………………………………………………………………………………………………………………………

Completed application forms must be posted to:

Examination 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)

e) Other Ethnic Group
- Arab
- Any other ethnic background (write in)

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