

**DIPLOMA IN URGENT MEDICAL CARE (DipUMC RCSEd)**

**THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH**

**APPLICATION FORM**

**College Username** (if known) \_\_\_\_\_

**Examination date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

**Last Name** in full: \_\_\_\_\_  
(BLOCK CAPITALS)

**Other Name(s)** in full: \_\_\_\_\_  
(BLOCK CAPITALS)

**Title:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

**Gender:**  Female  Male

ATTACH TWO  
PASSPORT  
PHOTOS HERE

Print your name on  
the back of the  
photos

35 x 45 mm

**Address** (BLOCK CAPITALS): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Telephone Numbers** (including full international dialling code):

**Contact Number:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Degrees or Qualifications, where obtained, with date:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment of Examination Fee**

**Please do not submit any payment details with your application form.**

Applicants that are allocated a place at the Examination will receive an email with a payment link to sign into their College account and pay the examination fee. Please note that the College no longer issues invoices for examination fees. All payments of examination fees must be processed through the applicants College account.

**Please specify which parts of the DUMC examination you wish to apply for:**

(Tick options as appropriate)

**First time candidates**

Written Papers & Oral

**Resit candidates**

Part A Written Papers & Part B Oral

Part A Written Papers only

Part B Oral 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 DUMC 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)

**Please note: The completion of this section is mandatory. Incomplete applications will be returned to candidates.**

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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Not applicable                                 | <input type="checkbox"/> Health Education Kent, Surrey and Sussex            |
| <input type="checkbox"/> Health Education East Midlands                 | <input type="checkbox"/> Health Education North East                         |
| <input type="checkbox"/> Health Education Yorkshire and Humber          | <input type="checkbox"/> Health Education North West                         |
| <input type="checkbox"/> Health Education East of England               | <input type="checkbox"/> Health Education West Midlands                      |
| <input type="checkbox"/> Health Education Wessex                        | <input type="checkbox"/> Health Education South West                         |
| <input type="checkbox"/> Health Education Thames Valley                 | <input type="checkbox"/> NHS Education for Scotland                          |
| <input type="checkbox"/> Health Education North West London             | <input type="checkbox"/> Northern Ireland Medical and Dental Training Agency |
| <input type="checkbox"/> Health Education South London                  | <input type="checkbox"/> Wales Deanery                                       |
| <input type="checkbox"/> Health Education North Central and East London |  |

## ELIGIBILITY REQUIREMENT

### **MEDICAL PRACTITIONERS:**

Must have been engaged in the practice of their profession for not less than two years after full registration with the UK General Medical Council and have a minimum of 2 years post CCT. Candidates must provide an authenticated copy of their certificate of registration. Candidates must have sufficient clinical experience (at time of application) in the area of Urgent Care. Sufficient clinical experience may range from intensive training or experience over a relatively short time frame or accumulated infrequent experience over several years.

**GMC Registration Number:** \_\_\_\_\_

***If your name appears on the current UK GMC register or the IMC register an authenticated copy of your certificate is not required***

### **NURSES:**

Must hold registration with the UK Nursing and Midwifery Council and have been engaged in the practice of their profession for not less than two years. Candidates must provide an authenticated copy of their certificate of registration. Candidates must have sufficient clinical experience (at time of application) in the area of Urgent Care. Sufficient clinical experience may range from intensive training or experience over a relatively short time frame or accumulated infrequent experience over several years.

**NMC Registration Number:** \_\_\_\_\_

***If your name appears on the current UK NMC register an authenticated copy of your certificate is not required***

### **PARAMEDICS:**

Must hold registration with the UK Health and Care Professions Council and have been engaged in the practice of their profession for not less than two years. Candidates must provide an authenticated copy of their certificate of registration. Candidates must have sufficient clinical experience (at time of application) in the area of Urgent Care. Sufficient clinical experience may range from intensive training or experience over a relatively short time frame or accumulated infrequent experience over several years.

**HCPC Registration Number:** \_\_\_\_\_

***If your name appears on the current UK HCPC register an authenticated copy of your certificate is not required***

### **ALL CANDIDATES:**

All candidates must and in addition to the relevant registration certificate, hold and show evidence of an in-date certification that they are trained in resuscitation up to the level of Immediate Life Support (ILS) specifically:

- Undertake the skills of quality CPR and defibrillation (manual and/or AED) and simple airway manoeuvres
- Utilise nontechnical skills to facilitate initial leadership and effective team membership
- Treat children in respiratory or cardiorespiratory arrest until the arrival of a resuscitation team or more experienced assistance minimum
- Certification must be in date at time of examination.

**Candidates who do not fulfil any of the above entry requirements, may apply for special consideration. This applies for all candidates from outside the UK. Their curriculum vitae and the extent of their Urgent Care experience should be submitted in full to the Examination Section RCSEd for consideration by the Convener for Examinations in Urgent Medical Care RCSEd. The Convener may decide to refer the application for full discussion to the Pre-hospital Care Examinations Committee of the Royal College of Surgeons of Edinburgh for a final decision regarding eligibility.**

## 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?	YES	NO
• Complete and up-to-date contact information	<input type="checkbox"/>	<input type="checkbox"/>
• Two recent passport-sized photos with your name printed on the back	<input type="checkbox"/>	<input type="checkbox"/>
• Signed and dated the declaration confirming that you have read and understood the regulations in force at time of application.	<input type="checkbox"/>	<input type="checkbox"/>
• Authenticated copy of relevant certificate of registration and Intermediate Life support (ILS) to be in date at time of examination	<input type="checkbox"/>	<input type="checkbox"/>

**Only once a place has been allocated to the exam will you be sent a payment link to pay the examination fee.**

Medical Practitioners only: have you included the following?	YES	NO
• Authenticated copy of certificate of registration **	<input type="checkbox"/>	<input type="checkbox"/>

***\*\*If your name appears on the current UK GMC register or the IMC register a certified copy of your certificate is not required.***

Nurses only: have you included the following?	YES	NO
• Authenticated copy of certificate of registration with the Nursing and Midwifery Council (NMC) or equivalent **	<input type="checkbox"/>	<input type="checkbox"/>

***\*\*If your name appears on the current UK NMC register an authenticated copy of your certificate is not required.***

Paramedics only: have you included the following?	YES	NO
• Authenticated copy of certificate of registration as a Paramedic in the United Kingdom or non-NHS equivalent **	<input type="checkbox"/>	<input type="checkbox"/>

***\*\*If your name appears on the current UK HCPC register an authenticated copy of your certificate is not required.***

**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 Diploma in Urgent 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. I understand that if I have taken the maximum number of attempts I am not permitted to apply for the DipUMC RCSEd

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

**IMPORTANT INFORMATION****Applying for the Examination*****Re-sit Applicants***

Applicants who have previously been accepted as a candidate for the examination for which they are applying are not required to resubmit certificates.

**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.

Completed application forms can either be emailed to [FPHC.exams@rcsed.ac.uk](mailto:FPHC.exams@rcsed.ac.uk) or posted directly to the College:

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

## EQUAL OPPORTUNITIES MONITORING

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 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
- 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

- 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
- 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