



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

FOR OFFICIAL USE ONLY

Date Received

Examination Fee Held

Examination Fee Paid

A/C Reference No

FFPMRCA Examination Application Form

PART 1 – Personal Details

Please give all names in full EXACTLY as they appear in the GMC register.

College Reference Number GMC Number

Title Forename

Initials Surname

DOB Male Female

Address 1

Address 2

Address 3

Town/City County/State

Postcode This address is: Permanent Exams only

Telephone number

E-mail Address

PART 2 – Eligibility

i. Please provide the date(s) of previous attempts at the FFPMRCA MCQ

1. 2. 3. 4. 5.

ii. I am currently registered with the GMC

(You must be currently registered with the GMC to sit this exam)

iii. Please specify which one of the following applies to you:

I am currently registered with the RCOA as a trainee in a Deanery approved training post in Anaesthesia or pain medicine.

Proceed to Part 3

I am a UK Consultant in Pain Medicine and Anaesthesia or Pain Medicine, currently registered with the Royal College of Anaesthetists/ Faculty of Pain Medicine

Proceed to Part 3

I am sponsored under MTI IP Pain Medicine and I have been sponsored for at least six months and I hold a satisfactory NHS appraisal, a copy of which has been submitted to the Faculty

Proceed to Part 3

I am a specialty/ SAS Grade Doctor who is currently practicing Pain Medicine in the UK, currently registered with the College/Faculty and have the support of the Regional Advisor in Pain Medicine

Proceed to Part 2b

I am a doctor in a post CCT Pain Medicine Fellowship post with the support of the Regional Advisor in Pain Medicine

Proceed to Part 2b

PART 2b - SAS/Staff Grade and post CCT Pain Medicine Doctors only

TO BE COMPLETED BY REGIONAL ADVISOR IN PAIN MEDICINE:

I confirm that I support this application and to the best of my knowledge, this applicant is adequately prepared for the examination applied for.

Signature of Regional Advisor Date

Print Name Hospital

ONCE YOUR REGIONAL ADVISOR HAS COMPLETED ABOVE, PROCEED TO PART 3.

PART 3 - Declaration

I certify that:

- I agree to abide by the Faculty Examination Regulations.
- I am adequately prepared for and eligible in all respects to enter this examination.
- All statements provided in Sections 1 and 2 of this application form are correct.
- I enclose a cheque drawn on a UK clearing bank, for the appropriate fee.
- I agree to the processing and disclosure of my personal data in line with the Data Protection Act. I understand that information provided on this form and my examination results may be processed and passed to examiners, my college tutor, postgraduate dean, employer, etc. for the legitimate purposes connected with my training.
- I understand that if I am registered or anticipate being registered with the GMC then my personal data, including data about my 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).

Signature of applicant Date

PART 4 - Equal Opportunities Monitoring Form

To ensure compliance with the Equality Act 2010 and as part of the College's Equal Opportunities Policy, the FPMRCA monitors exam results in relation to the candidate population.

This information will only be used to assist in the provision of equal opportunities for all. You are requested to complete the form below, although this is not mandatory. Whatever your decision, it will have no effect on your exam results.

All information will be held in the strictest confidence and in accordance with the Data Protection Act 1998. It will not be available to anyone involved in examining you or those involved in processing your results. This information will be recorded on the College database. However, any use made of this data will not allow any individual to identify you.

Your ethnic group:

The ethnic groups are based on the Census 2011 categories.

Asian or Asian British:

- | | | |
|--------------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other | |

Black or Black British:

- | | | |
|----------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> African | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Other |
|----------------------------------|------------------------------------|--------------------------------|

Mixed:

- | | |
|--|--|
| <input type="checkbox"/> White & Black African | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> White & Asian | <input type="checkbox"/> Other |

White:

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> British | <input type="checkbox"/> English | <input type="checkbox"/> Gypsy or Irish Traveller |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Welsh | |

Other Ethnic Group:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Any Other Ethnic Group |
| <input type="checkbox"/> Any Other | <input type="checkbox"/> Prefer not to say |

Is English your first language?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

Your gender:

- | | | |
|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |
|---------------------------------|-------------------------------|--|

Your religion or belief (please select the group you most identify with):

- | | | |
|---|--|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Any other religion or belief | <input type="checkbox"/> No religion or belief | <input type="checkbox"/> Prefer not to say |

Your sexual orientation:

Bisexual

Gay man

Gay woman / lesbian

Heterosexual / straight

Other

Prefer not to say

Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?

Yes

No

Prefer not to say

The Faculty is committed to ensure that all candidates have equal opportunity to demonstrate their ability in all FFPMRCA exams in accordance with the Equality Act 2010. To this aim the Faculty will make 'Reasonable adjustment' to examination arrangements as appropriate for individual disabled candidates. The Faculty Disability policy in regard to all FFPMRCA examinations is set out at Appendix 11 of the Faculty of Pain Medicine Royal College of Anaesthetists Examination Regulations.

Please return the form and the examination fee to the Examinations Department, The Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London, WC1R 4SG.