

<b>For office use:</b>			
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Comments:			

**THE ROYAL COLLEGE OF PATHOLOGISTS**  
**Examinations Department**  
**2 Carlton House Terrace**  
**London**  
**SW1Y 5AF**

**Tel: 020 7451 6760 or 020 7451 6734**  
**Fax: 020 7451 6701**

Staple here a recent photograph of yourself endorsed by a Fellow of the College. This may be used to verify your identity.

**Application form for Part 1 grandparenting – 2010**

*Candidates **must** read the Regulations and Guidelines for College Examinations **and** the relevant specialty guidance before completing this form.*

*Please tick as appropriate:*

- I wish to apply for the examination by 'grandparenting' in Spring 2010 (closing date Friday 08 January 2010).
- I wish to apply for the examination by 'grandparenting' in Autumn 2010 (closing date Friday 02 July 2010).

Title (Dr, Mr, Mrs, etc.) .....

Surname (in block capitals) .....

Forenames .....

Date of birth ...../...../19.....      Gender .....      Nationality .....

Professional Registration Number (if applicable) .....

Address for correspondence

.....

.....

.....

..... Postcode.....

Please indicate whether this address is **home/work/other** (please specify) .....

Daytime telephone number (work/home – delete as applicable) .....

Fax number (work/home – delete as applicable) .....

E-mail address .....

**Qualifications**

Medical	University/awarding body	Date
.....	.....	.....
.....	.....	.....
Non-medical (state subject, grade and university)		Date
.....	.....	.....
.....	.....	.....

**Appointments held**

**Current position.** Please state:

1.Role.....  
(if part time please specify hours)

2. Grade.....

3. Place.....  
.....

4. Date commenced.....

**Previous positions.** Please state

1.Role..... (if part time please specify hours)	1.Role..... (if part time please specify hours)
2.Grade.....	2. Grade.....
3.Place..... .....	3. Place..... .....
4.Dates .....	4. Dates .....

If you have had any career break please state dates and reason

.....

**FOR COMPLETION BY CANDIDATE'S SPONSOR, WHO SHOULD BE A LEAD CONSULTANT OR HEAD OF DEPARTMENT**

I hereby recommend ..... to be admitted to the Part 1 examination of the College. I confirm that I have read the Regulations and Guidelines for the College Examinations for Fellowship the guidance for 'grandparenting' candidates. To the best of my knowledge and belief he/she has fulfilled the requirements for entry to the examination, has achieved the knowledge and skills necessary to enter this examination, and that the details given on the application form are correct.

Signature of sponsor ..... Date .....

Sponsor's name (block capitals) .....

Appointment and name of organisation .....

**FOR COMPLETION BY CANDIDATE**

I wish to apply for the Part 1 by grandparenting (assessment of CV and experience) in:

<b>A. SPECIALTY</b>	Tick here
Analytical Toxicology	
Haematology (Clinical Scientists)	

**Declaration**

*Please tick each box below and sign and date the application form.*

- I enclose a self-addressed postcard for acknowledgement of receipt of application form.
- I attach my current CV and the documents specified in the Guidance for Grandparenting Candidates
- I attach a recent photograph of myself, endorsed as a true likeness by my sponsor
- I have read and agree to abide by the Regulations and Guidelines for the College Examinations for Fellowship.
- I agree, in the event of my admission to Fellowship, to obey the College regulations and to further to the best of my ability its objects and interest.

**Signature** .....

**Date** .....

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED  
PLEASE SEND YOUR APPLICATION BY RECORDED POST  
AND RETAIN PROOF OF POSTING**

## ETHNIC MONITORING FORM

The Royal College of Pathologists wishes to promote equal opportunities in employment. Our aim is to ensure that applicants for employment are not discriminated against on the grounds of gender, age, disability, marital status, race, religion or sexual orientation. In order to monitor these aims, we would be very grateful if you would complete and return this form with your application. The information will be treated as strictly confidential and is subject to the provisions of the Data Protection Act 1998. It will not be used at any stage of the selection process.

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**Gender (please tick):**                      Male               Female               **Date of birth**.....

**1. Disability**

If you are disabled, please give details.....

**2. Nationality**

Please specify your nationality as shown in your passport.....

**3. Country of origin**

Please choose one section from A to E and tick the appropriate box to indicate your ethnic group.

**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/multiple ethnic group, write in \_\_\_\_\_

**C. Asian/Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, write in \_\_\_\_\_

**D. Black/African/Caribbean/Black British**

- African
- Caribbean
- Any other Black/African/Caribbean background, write in \_\_\_\_\_

**E. Other ethnic group**

- Arab
- Any other ethnic group, write in \_\_\_\_\_