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

Tel: 020 7451 6756/6757
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 Diploma in Forensic Pathology – 2012

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

Please tick as appropriate:

- I wish to apply for the examination in Spring 2012 (closing date Friday 06 January 2012).
- I wish to apply for the examination in Autumn 2012 (closing date Friday 06 July 2012).

Title (Dr, Prof, Mr, Mrs, etc):

Surname (in block capitals):

Forenames:

Date of birth:/...../..... (dd/mm/yy) Gender: Nationality:

Professional Registration Number (if applicable):

Address for correspondence:

.....

.....

..... Postcode

Work Address (if unavailable please add your home address and explain the **reason**: i.e. maternity leave, in between jobs etc):

.....

.....

..... Postcode:

Preferred telephone number (work/home/mobile – delete as applicable):

Preferred e-mail address (only one please):

Qualifications:

Medical: University/awarding body: Date:
.....
.....

Non-medical (state subject, grade and university): Date:
.....
.....

Appointments held:

Current training position. Please state:

- 1. Discipline:
- 2. Grade:
- 3. Place:
- 4. Date commenced:

Please provide date when first appointed as a specialist registrar:

Previous SpR, HO, SHO, medical, research or scientific positions:	Location:	Start and end dates:	No. of months in each position:
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FOR COMPLETION BY CANDIDATE'S SUPERVISOR OR HEAD OF DEPARTMENT

I certify that this candidate has completed the required minimum of six months training in forensic pathology as specified in the regulations.

Supervisor's name (block capitals):

Signature of supervisor: Date:

Appointment:

Name and address of hospital:

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.....

FOR CANDIDATES IN ALL SPECIALTIES

FOR COMPLETION BY CANDIDATE'S SPONSOR, WHO SHOULD BE A FELLOW OF THE COLLEGE (if impracticable, Head of Department) RECENTLY INVOLVED IN THE CANDIDATE'S TRAINING

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

This will be the candidate's 1st/2nd/3rd/4th attempt - delete as applicable.

Signature of sponsor: Date:

Sponsor's name (block capitals):

Appointment and name of hospital:

FOR COMPLETION BY CANDIDATE

I wish to sit the Diploma examination as indicated below:

It is **not** possible to apply **or** to pay for both the written and the practical & oral components in the same examination session.

Part of examination	Tick here
Written papers	
Written papers (overseas)	
Practical and oral	

Declaration

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

- I have paid the appropriate fee online by **WorldPay**. The purchase transaction ID is:
- I enclose a self-addressed postcard/envelope for acknowledgement of receipt of application form.
- I attach my current CV (*candidates applying for the Diploma for the first time only*).
- I attach a recent photograph of myself endorsed as a true likeness by a Fellow of the College (or overseas equivalent) (*candidates applying for the Diploma for the first time only*).
- I have read and agree to abide by the Regulations and Guidelines for the College Examinations for Fellowship.

Signature:

Date:

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED

**PLEASE SEND YOUR APPLICATION BY REGISTERED POST
AND RETAIN PROOF OF POSTING**

Our address is:

**The Royal College of Pathologists
Examinations Department
2 Carlton House Terrace
London
SW1Y 5AF**

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.

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 _____