



Date Received

Examination Fee Held

Examination Fee Paid

A/C Reference No

**FFPMRCA SOE 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

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**

**a. I passed the FPMRCA MCQ examination on:**

(You must have passed the FPMRCA MCQ within the last 3 years, please see regulation for more information)

**b. Please provide the date(s) of previous attempts at the FPMRCA**

1.  2.  3.  4.  5.

**c. I am currently registered with the GMC**

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

**d. 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 and will have completed 6 months of Advanced Pain Medicine Training by the date of the exam

**Proceed to Part 2b**

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 has the written support of the Regional Advisor in Pain Medicine

**Proceed to Part 3**

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

**Proceed to Part 3**

**If you ticked no boxes above you are ineligible to sit this examination.**

**PART 2b - Trainees**

I have received confirmation from my local Regional Advisor in Pain Medicine that I have successfully completed my higher assessment **AND** I will have completed 6 months of the advanced assessment by the date of the examination.

**TO BE COMPLETED BY REGIONAL ADVISOR IN PAIN MEDICINE (Candidates unable to get RAPM signature can ask the RAPM to email confirmation to [exams@coa.ac.uk](mailto:exams@coa.ac.uk) and mark signature box as "email confirmation")**

I confirm that this applicant has successfully completed his/her higher assessment and will have completed 6 months of advanced assessment by the date of the examination.

Signature of Regional Advisor \_\_\_\_\_

D	D	M	M	Y	Y
---	---	---	---	---	---

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, or postal order for the appropriate fee.
- I agree to the processing and disclosure of my personal data as in line with the Data Protection Act. Information provided on this form and my examination results may be processed and passed to examiners, your college tutor, postgraduate dean, employer, etc. for the legitimate purposes connected with your 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 General Data Protection Regulation (EU) 2016/679 (the "GDPR").. 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?

Yes  No  Prefer not to say

**Your gender:**

Female  Male  Prefer not to say

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

Buddhist  Christian  Hindu  
 Jewish  Muslim  Sikh  
 Any other religion or belief  No religion or belief  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 FPMRCA 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 FPMRCA examinations is set out at Appendix 11 of the Faculty of Pain Medicine Royal College of Anaesthetists Examination Regulations.

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