



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/DFPMRCA 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 Number

Title Forename 1 Forename 2

Initials Surname

Date of Birth 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 FFPMRCA MCQ examination on:

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

b. Please provide the date(s) of previous attempts at the FFPMRCA/DFPMRCA SOE

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)

Part 2 continued...

d. Please specify the following:

<p>Have you been awarded the Fellowship of the Royal College of Anaesthetists by Examination (FRCA)?</p> <p><input type="checkbox"/> Yes, I am eligible for Fellowship of the Faculty of Pain Medicine</p> <p><input type="checkbox"/> No, I am applying for the Diploma of the Faculty of Pain Medicine</p>
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e. Please specify which one of the following applies to you:

<p>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</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>Proceed to Part 2b</p>	<p>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</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>Proceed to Part 3</p>	<p>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</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>Proceed to Part 3</p>	<p>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</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>Proceed to Part 3</p>	<p>I am a doctor in a post CCT Pain Medicine Fellowship post with the support of their Regional Advisor in Pain Medicine</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>Proceed to Part 3</p>
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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@rcoa.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 Date

Print Name Hospital

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

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

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PTO regarding part four

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:

Bangladeshi

Chinese

Indian

Pakistani

Other

Black or Black British:

African

Caribbean

Other

Mixed:

White & Black African

White & Black Caribbean

White & Asian

Other

White:

British

English

Gypsy or Irish Traveller

Irish

Northern Irish

Other

Scottish

Welsh

Other Ethnic Group:

Arab

Any Other Ethnic Group

Any Other

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.