

DGM Additional attempt form

- ▶ Please read the <u>guidance notes</u> **BEFORE** completing this form.
- ▶ Please complete ALL sections and ensure that you date and sign the Agreement.
- ▶ Please complete the form in black ink (pen or ball point) and in **BLOCK CAPITALS**.
- > Send the form to Central Office (address at the end of this form) no earlier than the published application opening date.
- All personal information held by the Examinations Department of the Royal College of Physicians of the UK will be held in accordance with the Data Protection Act of 1998 and the Freedom of Information Act 1998. Any data collected may be exchanged between the departments of the Royal College of Physicians but will not be released elsewhere without your permission. Data will be used in data comparisons to verify qualifications and to prevent fraudulent activity, and may be retained for this purpose.

Section 1 – Personal details (please use block capitals)																									
															RCF	P Code	<u>.</u>								
Family/Last name																									
Forename(s)																									
Place of work																									
Mobile Phone No Home Phone No																									
Email	Email Email																								
Section 2	– De	tails	of th	ne ex	kamir	natio	n yo	u wc	ould l	like t	о ар	ply f	or												
Diploma in Geriatric Medicine																									
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Section 3 training p									onal	ехре	erien	ice (t	o be	com	plet	ed b	y the	edu	ıcati	ona	al su	perv	risor	&	
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Educational s	upervi	sor na	me _																						
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*Please note that as an educational supervisor supporting an additional attempt you may be contacted to verify this form																									
Training programme director name																									
Place of work Work Phone No														-											
Continued on	the pa	age be	low																						

Signature												
Work email												

Section 4 - Diploma Examination agreement – Additional attempt form

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I understand falsifying information is an act of misconduct and will be investigated according to the MRCP(UK) Academic Misconduct Regulations. Proven cases of misconduct are routinely reported to the relevant regulatory body (please see the following link for further information - https://www.mrcpuk.org/sites/default/files/documents/MRCP(UK)%20Misconduct%20Regulations.pdf)

I understand that information requested will be used by the Colleges for administrative purposes, and to	o meet its statutory obligations.
Candidate name:	Date of Birth://
Signature:	Date:/

Contact Details

Royal College of Physicians of London 11 St Andrews Place Regents Park, London NW1 4LE Written Exams Tel: 020 3075 1549 Email: dgm@rcplondon.ac.uk

For further information please see the RCP website at www.rcplondon.ac.uk