



- ▶ Please read the [guidance notes](#) **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)

RCP Code [grid]

Family/Last name _____

Forename(s) _____

Place of work _____

Mobile Phone No. _____ Home Phone No. _____

Email [grid]

Section 2 – Details of the examination you would like to apply for

Diploma in Geriatric Medicine

Diet _____

Section 3 – Confirmation of additional educational experience (to be completed by the educational supervisor & training programme director (or equivalents))

I confirm that the candidate named above has undertaken additional educational experience to prepare them for the above examination, and I endorse their request for an additional attempt*

Educational supervisor name _____

Place of work _____ Work Phone No. _____

Signature _____

Work email [grid]

*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. _____

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