

For office use:				Candidate number:	Result:
Centre:		Ref. no:			
Subject:		Fee paid:			
Entry:		Ack:			
Comments:					

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

**Tel: 020 7451 6760 or 020 7451 6734**  
**Fax: 020 7451 6701**

Staple here a recent photograph of yourself endorsed by a Member or Fellow of the College. This may be used to verify your identity.

**Clinical Embryology – ‘grandparenting’**  
**Application form for Part 1 examination – 2008**

*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 by ‘grandparenting’ in Spring 2008 (closing date 4<sup>th</sup> January 2008).
- I wish to apply for the examination by ‘grandparenting’ in Autumn 2008 (closing date 4th July 2008).

Title (Dr, Mr, Mrs, etc.) .....

Surname (in block capitals) .....

Forenames .....

Date of birth ...../...../19.....      Gender .....      Nationality .....

Address for correspondence

.....

.....

.....

..... Postcode.....

Please indicate whether this address is **home/work/other** (please specify) .....

Daytime telephone number (work/home – delete as applicable) .....

Fax number (work/home – delete as applicable) .....

Email address .....

## Qualifications

Medical	University/awarding body	Date
.....	.....	.....
.....	.....	.....
Non-medical (state subject, grade and university)		Date
.....	.....	.....
.....	.....	.....

## Appointments held

**Current position.** Please state:

1.Role.....  
(if part time please specify hours)

2. Grade.....

3. Place.....  
.....

4. Date commenced.....

**Previous positions.** Please state

1.Role..... (if part time please specify hours)	1.Role..... (if part time please specify hours)
2.Grade.....	2. Grade.....
3.Place..... .....	3. Place..... .....
4.Dates .....	4. Dates .....

If you have had any career break please state dates and reason

.....

**FOR COMPLETION BY CANDIDATE’S SPONSOR, WHO SHOULD BE A LEAD CONSULTANT OR HEAD OF DEPARTMENT**

I hereby recommend ..... to be admitted to the Part 1 examination of the College. I confirm that I have read the Regulations and Guidelines for the College Examinations for Membership the guidance for ‘grandparenting’ candidates. To the best of my knowledge and belief he/she has fulfilled the requirements for entry to the examination and that the details given on the application form are correct.

Signature of sponsor ..... Date .....

Sponsor’s name (block capitals) .....

Appointment and name of organisation .....

**FOR COMPLETION BY CANDIDATE**

I wish to apply for the Part 1 examination by ‘grandparenting’ in:

<b>A. SPECIALTY</b>	Tick here
Clinical embryology	

<b>B. PART OF EXAMINATION TO BE TAKEN</b>	Tick here
Part 1 (assessment of CV and experience)	

**Declaration**

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

- I enclose a self-addressed postcard for acknowledgement of receipt of application form.
- I attach my current CV and the documents specified in the Guidance for Grandparenting Candidates
- I attach a recent photograph of myself, endorsed as a true likeness by my sponsor
- I have read and agree to abide by the Regulations and Guidelines for the College Examinations for Membership.
- I agree, in the event of my admission to Membership, to obey the College regulations and to further to the best of my ability its objects and interest.

**Signature** .....

**Date** .....

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED  
YOU ARE ADVISED TO SEND YOUR APPLICATION BY RECORDED POST  
AND RETAIN PROOF OF POSTING**

## Ethnic monitoring

The Royal College of Pathologists wishes to promote equal opportunities in all of its activities including examinations and training. Our policy aims to ensure that candidates are not discriminated against on the grounds of sex, disability, colour, race, nationality or ethnic origin.

In order to monitor the policy, 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.

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Please tick one of the boxes to indicate your ethnic origin (categories suggested by the Commission for Racial Equality).

- |   |   |
|---|---|
| <input type="checkbox"/> Black British        | <input type="checkbox"/> Black African              |
| <input type="checkbox"/> Black Caribbean      | <input type="checkbox"/> Indian                     |
| <input type="checkbox"/> Asian British        | <input type="checkbox"/> Bangladeshi                |
| <input type="checkbox"/> Pakistani            | <input type="checkbox"/> Irish                      |
| <input type="checkbox"/> White British        | <input type="checkbox"/> Chinese                    |
| <input type="checkbox"/> White European/Other | <input type="checkbox"/> Other (please state) ..... |
| <input type="checkbox"/> Mixed Racial Origin  |   |

Signed.....

Date.....