

DIPLOMA IN IMMEDIATE MEDICAL CARE (DipIMC RCSEd)

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

APPLICATION FORM

College Username (if known): _____

Examination date: ____ / ____ / ____
DD MM YYYY

Last Name in full: _____
(BLOCK CAPITALS)

Other Name(s) in full: _____
(BLOCK CAPITALS)

Title: _____ **Date of Birth:** ____ / ____ / ____
DD MM YYYY

Gender: Female Male

ATTACH TWO
PASSPORT
PHOTOS HERE

Print your name on
the back of the
photos

35 x 45 mm

Address (BLOCK CAPITALS): _____

Postcode: _____ **Email:** _____

Telephone Numbers (including full international dialling code):

Contact Number: _____ **Mobile:** _____

Degrees or Qualifications, where obtained, with date: _____

Have you previously submitted an application form for any Examination held by the College? Yes No

Please list the dates of any previous attempts at the DipIMC RCSEd Examination:

Date of sitting: ____ / ____ / ____
DD MM YYYY

Date of sitting: ____ / ____ / ____
DD MM YYYY

Date of sitting: ____ / ____ / ____
DD MM YYYY

REQUIREMENTS FOR TRAINING

MEDICAL PRACTITIONERS:

Must have been engaged in the practice of their profession for not less than two years after full registration with the UK General Medical Council. Candidates must show documented evidence, countersigned by a FPHC Regional Examinations Advisor or, for PHEM trainees, a UK approved PHEM Training Programme Director, of sufficient clinical experience (*at the time of application*) in the area of pre-hospital emergency care. *Sufficient clinical experience may range from intensive training or experience over a relatively short time frame or accumulated infrequent experience over several years.

GMC / IMC Number : _____

REGIONAL CERTIFICATE OF ELIGIBILITY - TO BE COMPLETED BY CANDIDATES

Title of Post: _____

Signature of FPHC Regional Examinations Advisor or UK approved PHEM Training Programme Director:
(list of FPHC Regional Examinations Advisors and PHEM Training Programme Directors is appended to the application form)

Name Signature Date

NURSES:

Must hold registration with the UK Nursing and Midwifery Council and have been engaged in the practice of their profession for not less than two years. They must show documented evidence, countersigned by a FPHC Regional Examinations Advisor, of sufficient clinical experience (*at the time of application*) in the area of pre-hospital emergency care. *Sufficient clinical experience may range from intensive training or experience over a relatively short time frame or accumulated infrequent experience over several years.

NMC Number : _____

REGIONAL CERTIFICATE OF ELIGIBILITY - TO BE COMPLETED BY CANDIDATES

Title of Post: _____

Signature of FPHC Regional Examinations Advisor
(list of FPHC Regional Examinations Advisors is appended to the application form)

Name Signature Date

REQUIREMENTS FOR TRAINING

PARAMEDICS:

Must show evidence of registration with the UK Health and Care Professions Council and have been engaged in the practice of their profession for not less than two years. They must show documented evidence, countersigned by a FPHC Regional Examinations Advisor, of sufficient clinical experience (*at the time of application*) in the area of pre-hospital emergency care. *Sufficient clinical experience may range from intensive training or experience over a relatively short time frame or accumulated infrequent experience over several years.

HPC Number : _____

REGIONAL CERTIFICATE OF ELIGIBILITY - TO BE COMPLETED BY CANDIDATES

Title of Post: _____

Signature of FPHC Regional Examinations Advisor
(list of FPHC Regional Examinations Advisors is appended to the application form)

Name Signature Date

*** Evidence of clinical experience in the area of pre-hospital emergency care must be current at time of application**

Candidates must produce signed documentation of the relevant posts that they have held. **They must also enter on this form the appropriate experience which they offer under each section.**

Candidates who do not fulfil any of the above entry requirements, may apply for special consideration. This applies for all candidates from outside the UK. Their curriculum vitae and the extent of their pre-hospital experience should be submitted in full to the Examination Section RCSEd for consideration by the Convener for Examinations in Immediate Medical Care RCSEd. The Convener may decide to refer the application for full discussion to the Pre-hospital Care Examinations Board of the Royal College of Surgeons of Edinburgh for a final decision regarding eligibility.

Copies of letters and certificates will only be accepted if they have been verified as a true copy by an appropriate authorised official and stamped with an official stamp. Please note that if the official stamp used for authorisation is not in English applicants will be required to obtain an official English translation from an approved translation agency.

CANDIDATES CHECKLIST - is your application form complete?

Failure to provide the documentation listed below may result in your application form being rejected

All Candidates: have you included the following?	YES	NO
• Complete and up-to-date contact information	<input type="checkbox"/>	<input type="checkbox"/>
• Two recent passport-sized photos with your name printed on the back	<input type="checkbox"/>	<input type="checkbox"/>
• Full examination fee*	<input type="checkbox"/>	<input type="checkbox"/>
• Signed and dated the declaration confirming that you have read and understood the regulations in force at time of application.	<input type="checkbox"/>	<input type="checkbox"/>

***If paying by cheque, ensure that the cheque has been signed, dated and has the amount written in words and numbers. Cheques and bank drafts must be drawn on a UK bank. Ensure that your name is written on the back of the cheque or draft.**

Medical Practitioners only: have you included the following?	YES	NO
• Certified copy of your primary medical qualification certificate**	<input type="checkbox"/>	<input type="checkbox"/>
• Evidence you have been engaged in the practice of your profession for not less than two years	<input type="checkbox"/>	<input type="checkbox"/>
• Certified evidence of sufficient clinical experience in the area of pre-hospital emergency care signed by FPHC Regional Examinations Advisor or UK approved PHEM Training Programme Director	<input type="checkbox"/>	<input type="checkbox"/>

****If your name appears on the current UK GMC register or the IMC register a certified copy of your certificate is not required.**

Nurses only: have you included the following?	YES	NO
• Evidence of registration with the Nursing and Midwifery Council (NMC) or equivalent.	<input type="checkbox"/>	<input type="checkbox"/>
• Evidence you have been engaged in the practice of your profession for not less than two years	<input type="checkbox"/>	<input type="checkbox"/>
• Certified evidence of sufficient clinical experience in the area of pre-hospital emergency care signed by FPHC Regional Examinations Advisor	<input type="checkbox"/>	<input type="checkbox"/>

Paramedics only: have you included the following?	YES	NO
• Certified confirmation of state registration as a Paramedic in the United Kingdom or non-NHS equivalent	<input type="checkbox"/>	<input type="checkbox"/>
• Evidence you have been engaged in the practice of your profession for not less than two years	<input type="checkbox"/>	<input type="checkbox"/>
• Certified confirmation sufficient clinical experience in the area of pre-hospital care signed by FPHC Regional Examinations Advisor	<input type="checkbox"/>	<input type="checkbox"/>

CANDIDATE DECLARATION

I have read and understood the *Regulations for the Diploma in Immediate Medical Care RCSEd* currently in force. I declare that to the best of my knowledge all the information given on this form is a true statement. Any false statement will invalidate my entry. I understand that if I have taken the maximum number of attempts I am not permitted to apply for the DipIMC RCSEd.

Candidate Signature: _____ Date: ____ / ____ / ____
DD MM YYYY

NOTIFICATION OF APPLICATION STATUS AND RESULT

You will automatically be kept up to date with the progress of your application by email.

- Tick this box if you would like to receive updates about your application to your mobile phone via SMS*
- Tick this box if you would like your examination results to be sent to your mobile phone via SMS in addition to receiving them by post*
- Tick this box if you would like to receive your examination results by email*

*** The College is working towards offering examination results to candidates by email and/or SMS. We cannot guarantee that this will be in effect by the time your examination result is available.**

IMPORTANT INFORMATION

Applying for the Examination

Re-sit Applicants

Applicants who have previously been accepted as a candidate for the examination for which they are applying are not required to resubmit certificates.

Request for Special Arrangements

It is the responsibility of the candidate to notify the Examinations Section of any special requirements at the time of application to the examination and submit appropriate supporting evidence as specified in the regulations.

Applications for special arrangements on medical or compassionate grounds must be supported with medical certification at the time of application.

Cancellation of Examination

In the unlikely event that the Royal College of Surgeons of Edinburgh has to cancel the examination, the examination fee shall be reimbursed, but the Royal College of Surgeons of Edinburgh shall incur no further liability.

FPHC Regional Examinations Advisors by Area and PHEM TPDs Dec 2013

Ambulance Trust	Counties	Name	e-mail address
East of England	Bedfordshire, Hertfordshire, Essex, Cambridgeshire, Norfolk, Suffolk	John Horton	reactmedical@tiscali.co.uk
		Rod MacKenzie	rod.mackenzie@me.com
		Paul Gates	p.gates@rocketmail.com
		Simon Lewis	sjlewis@doctors.org.uk
East Midlands	Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire, Rutland, Northamptonshire	James Gray	drjgray@btinternet.com
		Chris Shaw	chrisshaw@rcsed.ac.uk
Great Western	Avon, Wiltshire, Gloucestershire	Tim Hodgetts	timothyhodgetts@doctors.org.uk
London	London	David Zideman	david.zideman@gmail.com
		Fionna Moore	Fionna.Moore@lond-amb.nhs.uk
		David Whitmore	David.Whitmore@lond-amb.nhs.uk
North East	Northumberland, Durham, Tyne and Wear	Ian Greaves	Ian.Greaves@stees.nhs.uk
North West	Manchester, Cheshire, Mersey, Lancashire, Cumbria	Mike Jackson	Mike.Jackson@nwas.nhs.uk
		Winston de Mello	wdemello@uhsm.nhs.uk
		Mike Dickinson	dickinson151@hotmail.co.uk
South Central	Berkshire, Buckinghamshire, Hampshire, Oxfordshire (Isle of Wight)	Adam Manson	alm690@yahoo.com
South East Coast	Kent, Surrey, Sussex	Adam Watts	adamski22572@hotmail.co.uk
		Tony Kemp	aekemp@rcsed.ac.uk
South Western	Dorset, Somerset, Devon, Cornwall, Isles of Scilly	James Hickman	james.hickman@doctors.org.uk
West Midlands	Shropshire, Herefordshire, Worcestershire, Coventry, Warwickshire, Staffordshire	Tim Kilner	admin@timkilner.org
		John Hall	fjh999@aol.com
		Caroline Leech	drcarolinelee@hotmail.com
Yorkshire	Yorkshire	Andrew Smith	andy.smith@doctors.org.uk
		Andrew Pountney	andrew@pountney45.fsnet.co.uk
Wales	South East Wales Mid, South, West and North Wales	Jonathan Whelan	Jonathan.Whelan@wales.nhs.uk
Ireland	Northern and Southern Ireland	Brian Carlin	briancarlin21@yahoo.com
Scotland	Northern Scotland and Northern Isles	Pam Hardy	drpamhardy@aol.com
	West of Scotland and Western Isles	Iain McNeil	imcneil@btinternet.com
	Central and Southern Scotland	Neil Dignon	Neil.Dignon@ggc.scot.nhs.uk
	Eastern Scotland	Mark Bloch	mbloch@nhs.net
International		Stephen Milnes	dr_sdmilnes@yahoo.co.uk
		Convenor of Exams via RCSED	imc.exams@rcsed.ac.uk

Training Programme	TPD	Contact e-mail
Northern Deanery	Dave Bramley	d.c.bramley@doctors.org.uk
Wales Deanery	Ian Bowler	ian.bowler@doctors.org.uk
Severn Deanery	Matthew Thomas	matthew.thomas@UHBristol.nhs.uk
Yorks and Humber Deanery	Anil Hornis	anil.hormis@rothgen.nhs.uk
East of England Deanery	Simon Lewis	sjlewis@doctors.org.uk
West Midlands Deanery	Nick Crombie	nick@crombiemedical.co.uk