



## SECTION 2 – Registration with professional body: see note 2

1. Are you currently registered with the General Medical Council of the United Kingdom (GMC)?\*

YES / NO (please circle)

Date obtained \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / GMC NUMBER:

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OR

2. Are you currently registered with the Nursing and Midwifery Council of the United Kingdom (NMC)?\*

YES / NO (please circle)

Date obtained \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / NMC NUMBER:

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## SECTION 3 – DFCASA option

Please indicate the option for which you are entering:

1. DFCASA
2. DFCASA (a) (adults only)
3. DFCASA (c) (children only)

## SECTION 4 – DFCASA Examination Agreement

\_\_\_\_\_ [FULL NAME IN BLOCK CAPITALS]

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 have read and understood the SAL Guide to the Diploma incorporating the Regulations and Syllabus and I understand that my entrance to the examination may be forfeited if any information or documentation requested is not correct or omitted.

**Data protection:** I consent to the information in this form being held on the Society's database and to my name, if the Diploma is awarded, being disclosed in any enquiry concerning diplomates.

I have submitted the following with my signed application form, prior to the closing date (please tick where applicable):

Current OSCE examination fee (**OR**  please tick here if you have paid via Pay Pal™)

I accept that incomplete applications may lead to a delay in processing my application and may lead to it being returned.

I understand that if I withdraw or defer my application after the closing date I will forfeit a proportion of the application fee as per the Regulations and Syllabus ([www.apothecaries.org](http://www.apothecaries.org)).

I understand that faxed or e-mailed applications or photocopied signatures will not be accepted for reasons of confidentiality or security.

I agree to the above, if any of the above is not correct or is not fully met the Society of Apothecaries of London reserves the right to reject my application and I will not be permitted to re-apply until the next diet.

SIGNATURE \_\_\_\_\_

DATE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ /  
DD MM YY

Please read the SAL Guide to the Diploma (available online at [www.apothecaries.org](http://www.apothecaries.org)) carefully before completing this form as incomplete applications may be returned.

You are required to complete Form B if you are entering the examination for the FIRST time. For re-entrants please refer to the Guide to the Diploma.

Your application must be received no later than 5.00pm on the closing date shown in the Administrative Guidance for Candidates.

**APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE ACCEPTED AND NO ALLOWANCE CAN BE MADE FOR POSTAL DELAYS.**

#### **CANDIDATE NUMBER**

You will be issued with a candidate number after the application closing date. This will be unique to you and will be your identification number during this examination. Please quote this number in all future correspondence with the Society.

#### **SECTION 1: Personal details**

**1.1 Family/Last Name and Forename(s)** Please give your full name EXACTLY as it appears on the Diploma of your PRIMARY MEDICAL OR NURSING QUALIFICATION unless you have since changed your name by marriage or Deed Poll. Any initial, abbreviation, change in the order, number and spelling of names will require that you produce original documentary evidence to explain the discrepancy.

**1.2 Correspondence address** The address you provide will be used for all correspondence including the address to which your admission document will be sent. If using a hospital address, please also give the relevant Department. If your address changes, please notify the Examinations Office in writing as soon as possible.

#### **SECTION 2: Registration with professional body**

**2.1** Please confirm whether you are currently registered with either the General Medical Council of the United Kingdom (GMC) or the Nursing and Midwifery Council of the United Kingdom (NMC).

#### **SECTION 3: DFCASA option**

**3.1** Please indicate the appropriate option.

#### **EXAMINATION FEES**

Fees are published in the **Administrative Guidance for Candidates** (available online at [www.apothecaries.org](http://www.apothecaries.org)) and are revised annually. Fees are likely to increase from the first examination of each year.

For payment methods please refer to the **Administrative Guidance for Candidates**.

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