

Part I MRCOG

Eligibility application form



Royal College of
Obstetricians &
Gynaecologists

Please type or complete the form clearly and in full.
See page 4 for how to complete and send your full application.

RCOG College account number	
--------------------------------	--

Section 1: Personal Details

Last name	
First name(s)	
Gender	
Date of Birth DD/MM/YYYY	

Section 2: Medical qualification

Medical registration country	
Medical registration number If you are registered with the GMC, you do not need to attach your medical degree certificate.	
Primary medical qualification e.g. MBBS, MBChB, MD	
University of your primary medical degree	
Country of your primary medical degree	

Section 3: Ethnicity and diversity monitoring

The College is committed to treating everyone fairly and meeting our legal responsibilities under the Equality Act 2010 and related legislation. One of the ways we do this is by asking exam candidates, trainees and members to provide information about their ethnicity, disability, gender, religion and beliefs. We understand that some of the protected characteristics can be sensitive so providing this information is optional. If you choose to provide it to us, we will process and store your information with full compliance of data protection laws.

Please use the dropdown fields below.

If completing on paper, please use the tickboxes on pages 5 and 6.

I would describe my ethnicity as:

If other, please specify:

I would describe my nationality as:

If other, please specify:

Please indicate your religion or belief:

If other, please specify:

Do you consider yourself to have a disability, long-term illness or health condition?

If you wish to request an adjustment to the examination setting, please first read the RCOG Supporting Special Circumstances Policy:

<https://www.rcog.org.uk/en/careers-training/mrcog-exams/special-circumstances-policy/>

Section 4: Privacy Statement and Consent

In accordance with EU and UK data protection laws, the College will process personal data, by any means (including electronically), for the purpose of providing benefits and services and to carry out its day to day business.

If you are registered or anticipate being registered with the GMC, then your personal data, including data about your examination results, will be passed to the GMC for quality assurance and for research purposes and to facilitate the awarding of certificates of completion of training (CCTs). The College may also confirm your qualifications and membership to bona fide third parties including governmental and medical regulatory bodies, educational institutions, and prospective employers, including those in countries where individual rights are not protected by data protection law. No further information will be released without your prior consent.

Full information on how the College processes personal data is set out in our Data Protection Policy and Privacy Policy. These documents can be found on the RCOG website at www.rcog.org.uk.

You can choose to not receive communications from the College relating to our activities, products and services at any time. You also have a right to access any personal data which the College holds and also the right to correct these data and to request for the data to be erased. For further information, please contact the Data Protection Team at dataprotection@rcog.org.uk.

- I have read and understood the RCOG privacy statement (above) and understand how my personal information will be handled and processed by them.
- I confirm that I am not currently suspended or removed from medical practice by any authorising body or involved in disciplinary proceedings related to medical practice in any country.
- I understand that no amendments to the application are permitted after the closing date stated on the website, nor may I withdraw from the examination or postpone my examination after this date.
- I confirm that I have read and I agree to all the terms of the Membership Examination Regulations and to the transfer of all copyright subsisting in examination material produced by me to the College.

Signature Please type or sign	
Date DD/MM/YYYY	

How to submit your application

1. Compose a new email with the subject: **“Part 1 Eligibility Assessment Application [insert your College number]”** 2. Attach this completed form.
3. **Attach:**
 - a) A scan or photo of your original primary medical degree certificate
OR
 - b) A scan or photo of your medical registration certificate, provided it states your primary medical degree and university
4. A scanned copy of your government issued ID you will be using as ID for the examinations. **The name in your ID must match your medical degree certificate or medical registration certificate.** If the names are different, you must also attach continuity of your name change such as a marriage certificate or legal document confirming your name change.
5. Send your email to **part1eligibility@rcog.org.uk** You will then receive an automatic response about the next steps to follow.

Please make sure your application is complete

If your application is missing any details or contains errors, you may not be able to book a seat on the exam, so please ensure you have completed the whole form and attached your medical degree certificate.

Medical degree certificate

If you are GMC-registered, you do not need to send us your medical degree certificate.

If you are not GMC-registered, you must attach a copy of your degree certificate or a medical registration certificate which confirms your primary medical qualification and university.

Your medical degree certificate must be in English.

If we are unable to verify your degree certificate in the first instance, then we will ask you to email an attested photocopy version instead.

Please do not post us any original documents as we are unable to return them.

More information is found on the Part 1 MRCOG FAQs on the RCOG website:

<https://www.rcog.org.uk/en/careers-training/mrcog-exams/part-1-mrcog/faqs/>

Section 3 (paper form): Ethnicity and diversity monitoring

If completing on paper, please tick these sections accordingly.

I would describe my ethnicity as:

Asian, Asian British	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Any other Asian background		
Black, African, Caribbean, Black British	<input type="checkbox"/> African <input type="checkbox"/> British <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background		
Other ethnic group	<input type="checkbox"/> Arab <input type="checkbox"/> Chinese <input type="checkbox"/> Dutch <input type="checkbox"/> Egyptian <input type="checkbox"/> French <input type="checkbox"/> German	<input type="checkbox"/> Italian <input type="checkbox"/> Iranian <input type="checkbox"/> Japanese <input type="checkbox"/> Jewish <input type="checkbox"/> Korean <input type="checkbox"/> Malaysian	<input type="checkbox"/> Nigerian <input type="checkbox"/> Portuguese <input type="checkbox"/> Romanian <input type="checkbox"/> Russian <input type="checkbox"/> Singaporean <input type="checkbox"/> Sudanese
Mixed, multiple ethnic groups	<input type="checkbox"/> British <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background		
White (UK & Ireland)	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Northern Irish		
Other			

☐ I do not wish to disclose this

I would describe my nationality as:

<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Northern Irish <input type="checkbox"/> American <input type="checkbox"/> Australian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Barbadian <input type="checkbox"/> Canadian <input type="checkbox"/> Chinese <input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> Dutch <input type="checkbox"/> Egyptian <input type="checkbox"/> German <input type="checkbox"/> Ghanaian <input type="checkbox"/> Greek <input type="checkbox"/> Hong Konger <input type="checkbox"/> Indian <input type="checkbox"/> Iraqi <input type="checkbox"/> Jordanian <input type="checkbox"/> Libyan <input type="checkbox"/> Malaysian <input type="checkbox"/> Maltese <input type="checkbox"/> Mauritian	<input type="checkbox"/> Myanmar <input type="checkbox"/> New Zealander <input type="checkbox"/> Nigerian <input type="checkbox"/> Pakistani <input type="checkbox"/> Polish <input type="checkbox"/> Romanian <input type="checkbox"/> Singaporean <input type="checkbox"/> South African <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Sudanese <input type="checkbox"/> Syrian <input type="checkbox"/> Trinidadian <input type="checkbox"/> Zimbabwean
Other		

Please indicate your religion or belief:

<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> I do not wish to disclose this	<input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Hinduism <input type="checkbox"/> Judaism <input type="checkbox"/> No Religion
Other		

Do you consider yourself to have a disability, long-term illness or health condition?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I do not wish to disclose this
------------------------------	-----------------------------	---