

**Intercollegiate MRCS Examination**

**Lay Examiner Application Form**

Application forms and references should be **typed** **and submitted electronically.**

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| --- | --- | --- |
| Surname: | First Name/s: | Title: |
| Home Address: | Personal email address:  Daytime tel:  Mobile tel:  Date of Birth: | |
| Work Address: | Work Email address:  Work email address:  Work tel: | |

**Personal details**

**Education**

|  |  |  |
| --- | --- | --- |
| Exam / Qualification | Grade: | Year: |
|  |  |  |

**Qualifications obtained (including degrees, diploma, and professional examinations). Evidence may be requested.**

**Employment (current appointment first)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address | Position held | From: | To: |
|  |  |  |  |

**Personal Statement**

**Please explain why you are interested in being a Lay Examiner and what qualities you would bring to the position.**

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**References**

**Please supply the names, addresses, telephone numbers and email addresses of two referees who can provide an independent view on how you meet the person specification (see page 5). Applicants should inform their referees that they have named them as their referee.**

|  |  |
| --- | --- |
| **1st Referee** | **2nd Referee** |
| Name: | Name: |
| Employing Organisation: | Employing Organisation: |
| Address: | Address: |
| Office hours tel.: | Office hours tel.: |
| Email: | Email: |

**GDPR**

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| All personal information held by the four Surgical Royal Colleges of Great Britain and Ireland will be held in accordance with the General Data Protection Regulation. Any data collected may be exchanged between the four Surgical Royal Colleges via ICBSE but will not be released elsewhere without your permission. Your information will be held in line with the retention schedule of the College you applied to and information relating to the retention schedule can be supplied on request. |

**Declaration**

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| I confirm that I will, if appointed, honour examining commitments faithfully. I certify that I conform to the eligibility criteria and that the information I have given above is to the best of my knowledge correct. |
| **By submitting your application to the College you are declaring that the information provided is correct and complete to the best of your knowledge.** |

**Submitting your application**

Please e-mail your completed application form to the College to which you are applying:

**The Royal College of Surgeons of Edinburgh**

E-mail: [surgicalexams@rcsed.ac.uk](mailto:surgicalexams@rcsed.ac.uk)

**The Royal College of Surgeons of England**

E-mail: [MRCS&DOHNS@rcseng.ac.uk](mailto:MRCS&DOHNS@rcseng.ac.uk)

**The Royal College of Physicians and Surgeons of Glasgow**

E-mail: [exams@rcpsg.ac.uk](mailto:exams@rcpsg.ac.uk)

**The Royal College of Surgeons in Ireland**

Email: [courtofexaminers@rcsi.ie](mailto:courtofexaminers@rcsi.ie)

**EQUAL OPPORTUNITIES MONITORING**

The Royal Colleges of Surgeons of the United Kingdom and in Ireland aim to ensure fair treatment in relation to admission and assessment of examination candidates. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair examination to all candidates.

In line with UK and Irish legislation and good practice guidelines, we are asking all applicants to complete this section. You are not obliged to provide any of the information in this section, and a ‘prefer not to say’ option is provided, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be held in accordance with the General Data Protection Regulation 2016 and held in line with the retention schedule of the College you applied to. Information relating to the retention schedule can be supplied on request. Your information will be used only for monitoring our business practices.

|  |  |
| --- | --- |
| **Gender** Female  Male  Non-binary  Transgender  Prefer not to say  Other (write in)    **Ethnicity**  Choose one selection from the list below to indicate your ethnic group or background.  **a) White**  English/Welsh/Scottish/Northern Irish/British  Gypsy or Irish Traveller  Irish  Any other White background (write in)    **b) Mixed / Multiple Ethnic Groups**  White and Asian  White and Black African  White and Black Caribbean  Any other mixed background (write in)    **c) Asian or Asian British**  Bangladeshi  Chinese  Indian  Pakistani  Any other Asian background (write in)    **d) Black / African / Caribbean / Black British**  African  Caribbean  Any other Black / African / Caribbean / Black British (write in)     1. **Other Ethnic Group**   Arab  Any other ethnic background (write in)    **Prefer not to say** | **Do you consider your first language to be English?**  Yes  No  Prefer not to say  **Do you have a disability** under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).  Yes  No  Prefer not to say  **What is your sexual orientation?**  Bisexual  Heterosexual/Straight  Lesbian or Gay  Prefer not to say  Other (write in)    **Marital Status**  Civil partnership  Cohabiting  Married  Separated/divorced  Single  Widowed  Prefer not to say  **What is your religion or belief?**  Buddhist  Christian  Hindu  Jewish  Muslim  No religion  Sikh  Prefer not to say  Other religion/belief (write in) |

**Lay Examiner Person Specification**

* Knowledge of the rationale, expected standard and structure of the MRCS as defined in the regulations for the examination.
* High levels of integrity and professional standards as an examiner.
* A commitment to ongoing assessment, training and development as an examiner.
* Ability to understand appropriate examination techniques.
* A commitment to the examination process.
* Effective oral and written communication skills.
* A commitment to equality and diversity.
* Able to remain objective and dispassionate where necessary.

NOTE: Lay Examiners should not be qualified in professions allied to medicine or received previous medical training.