

## The Society of Apothecaries of London



1600 on Tuesday 20 November 2018

# Diploma in the Medical Care of Catastrophes (DMCC)

Application Form: CCMC, 12 & 13 February 2019

Please read the explanatory notes overleaf BEFORE completing the form.

Deadline for receipt in the Examinations Office of hard copy application form and fee:

Please note – applications received after this date / time will NOT be accepted.

- An application is only deemed complete when it includes all relevant paperwork and the full fee.
- All personal information held by the Examinations Department of the Society of Apothecaries of London will be held in accordance with the Data Protection Act 1998 and the Freedom of Information Act 1998. Data will be used in data comparisons to verify qualifications and to prevent fraudulent activity, and may be used for this purpose.

FOR OFFICE USE ONLY											
Within timeframe?							Date				
Date of DMCC course			OR				Complete?				
Modules	1	2	3	4	5	6		Payme	nt		
Approved on behalf of the Examinations Board subject to		proof of co	ompletio	n of	Amoun	t					
70% of the course:							CANDIDATE NUMBER				
Registrar:			<u> </u>								
Date:											
SECTION 1	Dave a mal elec	taila /plass	a usa BLOC	V CADITAL C	li coo not	1 1	1 2				

<b>SECTION</b>	1 – Personal details (please use B	LOCK CAPITALS): se	e notes 1.1 – 1.2		
•	ve your full name EXACTLY as it ap since changed your name by man		a of your PRIMARY MEDICA	L QUALIFICATION unless	
		TITLE			
SURNAM	IE				
ALL FORE	ENAMES				
CORRESP	PONDENCE ADDRESS				
Town		Postcode	Count		
CONTACT	Γ DETAILS (Include area code):				
Home:		Work:		Ext:	
Mobile:		Fax			
EMAIL					

SECTION 2 – Registration with professional body: see no	te 2.1				
UK candidates					
1. Are you currently registered with the General Medical Council (GMC)?* YES / NO (please circle)					
Date obtained / / /	GMC NUMBER:				
OR					
2. Are you currently registered with the General Dental Coun	ncil (GDC)?* YES / NO (please circle)				
Date obtained//	GDC NUMBER:				
OR					
3. Are you currently registered with the Nursing and Midwife	ery Council (NMC)?* YES / NO (please circle)				
Date obtained//	NMC NUMBER:				
US candidates					
Are you currently registered with the American Medical Associa	ation (AMA)? YES / NO (please circle)				
Date obtained//	AMA NUMBER:				
Dutch candidates					
Are you currently registered with the Royal Dutch Medical Association (KNMG)? YES / NO (please circle)					
Date obtained//	BIG NUMBER:				
_					
Other candidates*					
Please provide the <u>exact</u> name of your professional registration qualification AND proof that you are currently registered with					
qualification AND proof that you are currently registered with	that body				
Name of body:					
Trume of Body					
Date obtained// Registr	ration number:				
,,,,,					
* If not registered with the GMC, GDC or NMC – please refer to	Notes				
,					
SECTION 3 – Conflict and Catastrophe Medicine Course@					
Data started (new hours) **	Data completed (mm (mm) **				
Date started (mm/yyyy) **	Date completed (mm/yyyy) **				

@ If you have NOT completed the Society's Conflict and Catastrophe Medicine Course please see the notes and then complete SECTIONS 4A-4F instead, and obtain the necessary counter-signature(s).

<sup>\*\*</sup> If you have completed the Society's course, you do not need to return pages 3-5 of this application form.

### SECTIONS 4a – 4f

Candidates who have NOT completed the Society's Conflict and Catastrophe Medicine Course **MUST** complete SECTIONS 4a-4f

SECTION 4a – Completion of MODULE ONE (Epidemiology of Disasters and societies affected b 4.1 – 4.2	y Conflict): see notes
To be completed by training co-ordinator (or equivalent). Please complete in black ink (pen or ball poin CAPITALS	t) and in BLOCK
I confirm that:	
Has completed:	(course)
At:	
Which has Included training in:  Defining the situation and gathering information	Please use official stamp of training body here
SIGNATURE FULL NAME	
POSITION TEL NO.	
DATE	
EMAIL	
SECTION 4b – Completion of MODULE TWO (Priorities for intervention in disasters): see notes	4.1 – 4.2
To be completed by training co-ordinator (or equivalent). Please complete in black ink (pen or ball poin CAPITALS	t) and in BLOCK
I confirm that:	
Has completed:	(course)
At:	
	Please use official stamp of training body here
SIGNATURE FULL NAME	
POSITION TEL NO.	
DATE	
EMAIL	

Section 4c - Completion of MC notes 4.1 – 4.2	ODULE THREE (Recognition and control of communicable diseases and epidemics): see	
To be completed by training co-o	ordinator (or equivalent). Please complete in black ink (pen or ball point) and in BLOCK	
I confirm that:		
Has completed:	(course)	
At:		
Which has included training in:	Please use official stamp of training body	
	tance in disasters and societies affected by conflict; Morbidity and here and reporting; Natural history of disasters and societies affected by	
SIGNATURE	FULL NAME	
POSITION	TEL NO.	
DATE		
EMAIL		
SECTION 4d – Completion of N	MODULE FOUR (Clinical Knowledge): see notes 4.1 – 4.2	
To be completed by training co-o	ordinator (or equivalent). Please complete in black ink (pen or ball point) and in BLOCK	
I confirm that:		
Has completed: (cou		
At:		
Which includes:	Please use official stamp of training body here	
The specialised clinical knowledge problems likely to be encountered	e which gives the aid worker the ability to deal with the health	
SIGNATURE	FULL NAME	
POSITION	TEL NO.	
DATE		
EMAIL		

SECTION 4e – Completion of M	ODULE FIVE (The Disaster and Conflict environment): see notes	4.1 – 4.2			
To be completed by training co-ordinator (or equivalent). Please complete in black ink (pen or ball point) and in BLOCK CAPITALS					
I confirm that:					
Has completed:		(course)			
At:	At:				
Which has included training in:		Please use			
Non-medical concepts and subjects important for the understanding and management of catastrophes official stamp of training body here					
SIGNATURE	FULL NAME				
POSITION	TEL NO.				
DATE					
EMAIL					
SECTION 4f - Completion of M notes 4.1 – 4.2	ODULE SIX (Management and protection of teams and tea	am members): see			
To be completed by training co-or CAPITALS	dinator (or equivalent). Please complete in black ink (pen or ball poin	t) and in BLOCK			
I confirm that:					
Has completed:		(course)			
At:		_			
	nding required to ensure the safe, efficient and effective operation g a disaster or supporting a society affected by conflict	Please use official stamp of training body here			
SIGNATURE	FILL NAME				
POSITION	SIGNATURE FULL NAME POSITION TEL NO.				
DATE					
EMAIL					

SECTION 5 – Examination Agreement: see Note 5.1
, [full name in BLOCK CAPITALS]
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.
I have submitted the following with my signed application form, prior to the closing date (please tick where applicable): Candidates registered with the GMC, GDC, NMC, AMA or KNMG: PAYMENT BY:
☐ Direct Transfer OR ☐ Cheque (in pounds Sterling) OR
Candidates NOT registered with the GMC, GDC, NMC, AMA or KNMG: PAYMENT BY:
☐ Direct Transfer OR ☐ Cheque (in pounds Sterling) OR
AND
☐ Documentary evidence of Primary Medical Qualification (authenticated copy only – no originals please)
Evidence of CURRENT registration in own jurisdiction
Data protection:  We, the Society of Apothecaries of London (SAL), collect information about you when we process this application form. We will use your personal information for the purposes of the administration of the DMCC, including verifying your qualifications with third parties. All personal information held by the Society of Apothecaries of London will be held in accordance with the Data Protection Act 1998 and the Freedom of Information Act 1998. In the event that the administration of the DMCC is transferred to a third party, your personal information may be disclosed to such third party for the purposes of the administration of the DMCC. We will notify you in writing prior to the transfer of your personal data. Please do not hesitate to contact the Registrar on 020 7236 1180 if you have any queries about the information we hold about you.
By signing this application below, you agree and consent to the information in this form being used by the Society of Apothecaries of London for the purposes of the administration of the DMCC, including verifying your qualifications with third parties, and to the disclosure of your personal data to third parties for the purposes of the administration of the DMCC. You also agree to your name, if the Diploma is awarded, being disclosed in any enquiry concerning diplomates.
(if applicable) I have previously submitted Form Q dated
I accept that an incomplete application may lead to a delay in processing and / or it being returned.
<b>I understand</b> 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 ( <a href="www.apothecaries.org">www.apothecaries.org</a> ).
I understand that faxed or e-mailed applications or photocopied signatures will not be accepted.
I agree to the above and understand that, if any of the above is not correct, or is not fully met, the SAL reserves the right to reject my application and I will not be permitted to re-apply until the next diet.
SIGNATURE DD MM YY

#### Society of Apothecaries of London (SAL) Examination Application Form A - Notes

These notes are intended to assist you; please read them carefully BEFORE completing the form.

They should not be returned with your application.

#### **General Points**

You are required to complete **Form A** if you are entering the examination for the FIRST time. Re-entrants should refer to the Guide to the Diploma for conditions of re-entry, and complete **Form R**.

Please read the SAL Guide to the Diploma (available online at <a href="www.apothecaries.org">www.apothecaries.org</a>) carefully before completing this form as incomplete applications may be returned.

Your complete application must have arrived in the Examinations Office no later than 5.00pm on the closing date shown in the Administrative Guidance for Candidates. APPLICATIONS RECEIVED AFTER THE APPLICATION DEADLINE WILL NOT BE ACCEPTED; NO ALLOWANCE CAN BE MADE FOR POSTAL DELAYS.

#### The Form

Please complete the form in **BLOCK CAPITALS**.

Ensure that you complete ALL sections and that you sign and date the Examination Agreement.

#### **Data Protection**

All personal information held by the Examinations Department of the Society of Apothecaries of London will be held in accordance with the Data Protection Act 1998 and the Freedom of Information Act 1998. Data will be used in data comparisons to verify qualifications and to prevent fraudulent activity, and may be used for this purpose.

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

- **1.1 Surname and** <u>all</u> **Forenames.** Please give your full name EXACTLY as it appears on the Diploma of your PRIMARY MEDICAL QUALIFICATION or other professional qualification, if held, 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, and results, will be sent. If using a professional address, please also give the relevant Department. Please notify the Examinations Office in writing of any subsequent change.

#### SECTION 2: Registration with professional body - N.B. paragraph 1 of the Guide to the Diploma

**2.1 UK GMC/GDC/NMC Registration.** If you have Full Registration with any of the following: the General Medical Council (GMC); General Dental Council (GDC) or Nursing and Midwifery Council (NMC) and you appear on the relevant website, YOU DO NOT NEED to submit documentary evidence of your primary medical qualification. YOU MUST, however, complete Section 2 to include your GMC/GDC/NMC number and the date you obtained your Registration.

#### Candidates NOT registered with the GMC

If you are NOT registered with one of the UK councils listed above you MUST submit documentary evidence of your primary medical qualification (AUTHENTICATED COPY ONLY – no originals please). Furthermore you MUST submit evidence of CURRENT registration in your own jurisdiction. For further information please refer to the Guide to the Diploma.

#### **SECTION 3**

3.1 Conflict and Catastrophe Medicine Course. Insert the start date and end date of the Faculty course.

**N.B.** Note the provision in the Guide to the Diploma that a minimum of 70% of the course must have been completed **at the time of** application; attendance will be verified from the records of the Faculty of Conflict and Catastrophe Medicine.

continued

#### **SECTION 4:**

**4.a-4.f. Countersignatures** Applications for candidates who have NOT completed the Society's Conflict and Catastrophe Medicine Course **MUST** arrange for sections 4.a.-4.f. to be completed by their training co-coordinator/s (or equivalent). Failure to provide full and correct information will render your application incomplete, in which case it may be rejected.

Please note that verification may be sought through direct communication with the training co-coordinator/s (or equivalent).

#### **SECTION 5:**

EC4V 6EJ

**5.1 Examination Agreement.** Insert your full name in the space at the top, read the agreement, tick the appropriate boxes and sign and date it in the spaces provided.

#### **EXAMINATION FEES**

Fees are likely to increase from the first examination of each year.

#### **CANDIDATE NUMBER**

After the application closing date you will be issued with an admission document giving your candidate number and examination date and timings. 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.

Examinations Department Society of Apothecaries of London Black Friars Lane London

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Email: asstreg@apothecaries.org

Tel: 020 7236 1180