



The Society of Apothecaries of London
Diploma in the History of Medicine
(DHMSA)
Application Form: 11 June 2019

- **Please read the explanatory notes overleaf BEFORE completing the form.**
- 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.

Deadline for receipt in the Examinations Office of hard copy application form and fee: 1600 on Tuesday 16 April 2019
Please note – applications received after this date / time will NOT be accepted.

FOR OFFICE USE ONLY

Within timeframe?

History course attendance: %

Approved on behalf of the Examinations Board subject to proof of completion of 70% of the course:

Registrar: _____

Date: _____

Date	
Complete?	
Payment by	
Amount	
CANDIDATE NUMBER	

SECTION 1 – Personal details (please use BLOCK CAPITALS): see notes 1.1 – 1.2

Please give your full name EXACTLY as it appears on the Diploma of your PRIMARY MEDICAL QUALIFICATION (if held) unless you have since changed your name by marriage or Deed Poll.

TITLE _____

SURNAME _____

ALL FORENAMES _____

CORRESPONDENCE ADDRESS _____

Town _____ **Postcode** _____ **Country** _____

CONTACT DETAILS (Include area code):

Home: _____ Work: _____ Ext: _____

Mobile: _____ Fax _____

EMAIL

SECTION 2 – Diploma Course in the History of Medicine: see Note 2.1

Date started:

Date completed:

Candidates who have completed the Society’s Diploma Course in the History of Medicine should proceed directly to Section 6.

Candidates who have not completed the Society’s Diploma Course in the History of Medicine must read the associated notes and then complete Sections 3-5 (on the final page).

SECTION 6 – Examination Agreement: see Note 6.1

I, _____, [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.

Data protection:

We, the Society of Apothecaries of London, collect information about you when we process this application form. We will use your personal information for the purposes of the administration of the DHMSA, including verifying your qualifications with third parties, and to contact you regarding the administration of the diploma. All personal information held by the Society of Apothecaries of London will be held in accordance with the General Data Protection Regulation (GDPR) as supplemented by the Data Protection Act 2017, whichever is in force at the time, and the Freedom of Information Act 1998. In the event that the administration of the DHMSA is transferred to a third party, your personal information may be disclosed to such third party for the purposes of the administration of the DHMSA. 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 DHMSA, 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 DHMSA. You also agree to your 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 as applicable):

PAYMENT BY*:

Direct Transfer

OR

Cheque (Sterling drawn on UK bank account only)

Date paid ____/____/____

Continued overleaf:

SECTION 6 – Examination Agreement (continued): see Note 6.1

I confirm that I will be submitting the following to the Examinations Office before the relevant deadlines published in the Administrative Guidance to Candidates (www.apothecaries.org):

- Test lecture abstract
- Dissertation abstract
- Dissertation (three hard copies and an electronic copy sent via e-mail to asstreg@apothecaries.org)
- Test lecture précis and AV requirements
- 'Stand alone' test lecture on a memory stick

(if applicable) I have previously submitted Form Q dated

I accept that an incomplete application 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).

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

DATE ____ / ____ / ____ /
DD MM YY

***N.B. An application is only deemed complete when it includes all relevant hard copy paperwork and the full fee.**

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 www.apothecaries.org) 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.

SECTION 1: Personal details

1.1 Surname and all 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: Diploma Course in History of Medicine

2.1 Candidates who have **NOT** attended the Society's Diploma Course in the History of Medicine **MUST** complete sections 3-5 inclusive (see final page) instead of section 2. The information provided will be used to determine eligibility for the examination. Please indicate all qualifications in areas relating to the History of Medicine, continuing on a separate sheet if necessary.

SECTION 3: Qualifications

3.1 Degree The abbreviation of the title of degree awarded, for example, Doctor of Medicine = MD, Bachelor of Medicine and Bachelor of Surgery = MBBS.

Please write the name of your primary medical qualification exactly as it appears in the WHO world directory of medical schools.

3.2 Date conferred The date on which the degree certificate was conferred upon you.

3.3 Issuing University The full name of the university of your instruction

3.4 Town The town or city in which the university is located

3.5 Other qualifications Please only list qualifications relevant to the Diploma

SECTION 6:

6.1 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 published in the **Administrative Guidance for Candidates** (available online at 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**.

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
EC4V 6EJ

Tel: 020 7236 1180
Fax: 020 7329 3177
Email: asstreg@apothecaries.org

Sections 3-5 (see Notes 2 & 3)

Candidates who have NOT attended the Society's Diploma Course in the History of Medicine MUST complete sections 3-5 inclusive below instead of section 2. The information provided will be used to determine eligibility for the examination. Please indicate all qualifications in areas relating to the History of Medicine, continuing on a separate sheet if necessary.

Name:	
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Separate sheet(s) attached (please tick if appropriate) <input type="checkbox"/>	Number of sheets <input type="checkbox"/>
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SECTION 3– Qualifications: see notes 3.1 – 3.5

PRIMARY MEDICAL QUALIFICATION

Degree _____ Date passed/conferred _____
DD MM YY

University _____ Town _____

OTHER QUALIFICATIONS

Qualification	Date passed	Awarding Body	Location

SECTION 4 – Relevant appointments held (relating to the History of Medicine)

Post	Specialty	Hospital	Dates MM/YY(from+to)	Full/Part time

SECTION 5 – Publications

Title	Publication	Date	Co-authors