



# The Society of Apothecaries of London

## Diploma in the Medical Care of Catastrophes (DMCC)

### Re-entry application Form CCMC: 11 & 12 February 2020

**FORM R**  
Aug 19/v4

- **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 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. Data will be used in data comparisons to verify qualifications and to prevent fraudulent activity.

Deadline for receipt in the Examinations Office of hard copy application form and fee: **16:00 on Tuesday 19 November 2019**  
**Please note – applications received after this date / time will NOT be accepted.**

<b>FOR OFFICE USE ONLY</b>			
Within timeframe?	<input type="checkbox"/>	Date	<input type="text"/>
Approved on behalf of the Examinations Board:		Complete?	<input type="text"/>
Registrar: _____		Payment by	<input type="text"/>
Date: _____		Amount	<input type="text"/>
		<b>CANDIDATE NUMBER</b>	
		<input type="text"/>	

**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 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 – Date of last entry**

Date of last entry (DD/MM/YY)

\_\_\_/\_\_\_/\_\_\_

**SECTION 3 – Registration with professional body: see note 3.1****UK Candidates**

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

YES / NO (please circle)

Date obtained \_\_\_ / \_\_\_ / \_\_\_ /

**GMC NUMBER:**

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**OR**

2. Are you currently registered with the General Dental Council (GDC)?\*

YES / NO (please circle)\*

Date obtained \_\_\_ / \_\_\_ / \_\_\_ /

**GDC NUMBER:**

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**OR**

3. Are you currently registered with the Nursing and Midwifery Council (NMC)?\*

YES / NO (please circle)\*

Date obtained \_\_\_ / \_\_\_ / \_\_\_ /

**NMC NUMBER:**

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**Dutch Candidates**

Are you currently registered with the Royal Dutch Medical Association (KNMG)?\*

YES / NO (please circle)\*

Date obtained \_\_\_ / \_\_\_ / \_\_\_ /

**BIG NUMBER**

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**US Candidates**

Are you currently registered with the American Medical Association (AMA)?\*

YES / NO (please circle)\*

Date obtained \_\_\_ / \_\_\_ / \_\_\_ /

**AMA NUMBER**

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\* If not registered with the GMC, GDC, NMC, AMA or KNMG – please refer to Notes and then complete the following section.

**Other candidates**

With which professional body are you currently registered? Name:.....

Date obtained \_\_\_ / \_\_\_ / \_\_\_ /

**Reference Number:**

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**SECTION 4 – DMCC Examination Agreement – Form R: see Note 4.1**

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.

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, 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 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 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.

**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.

**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 Please note that an application is only deemed complete when it includes all relevant paperwork and the full fee.**

## Society of Apothecaries of London (SAL) Examination Re-application Form R – 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 R** 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](http://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 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. 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 3: Registration with professional body – N.B. paragraph 1 of the Guide to the Diploma

**3.1 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 4:

**4.1 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, EC4V 6EJ

Tel: 020 7236 1180  
Fax: 020 7329 3177  
Email: [asstreg@apothecaries.org](mailto:asstreg@apothecaries.org)