

SECTION 2 – Registration with professional body: see note 2.1 * If not GMC registered please refer to note 2.1

Are you currently registered with the General Medical Council of the United Kingdom (GMC)?*								Yes	No
Date obtained ____ / ____ / ____ /	GMC NUMBER: (if applicable)								

SECTION 3 – Qualifications: see notes 3.1 – 3.5

Primary Medical Qualification

Degree _____ Date passed/conferred ____ / ____ / ____ /
DD MM YY

University _____

Other Qualifications relevant to the Diploma

Qualification	Date passed	Awarding Body	Location

SECTION 4 – Previous appointments held (in HIV-related specialty): See notes 4 - 6

Please indicate all previous appointments in HIV Medicine. For any part-time posts please indicate the number of sessions worked per week.

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

SECTION 5 – Current appointment: See notes 4 - 6

Hospital _____ Deanery _____

Please indicate your specialty:
 GUM ID Other (please specify) _____

Please select current post:
 ST 3 LAS Other specialty training grade (please specify specialty, year & grade)
 ST 4 LAT
 ST 5 GP NCCG (please specify grade and specialty)
 ST 6

Dates re. current post
 From/...../.....
MM/YY To/...../.....
MM/YY

Full time or **Part time** → **Sessions/week (if part-time)**
(circle)

Curriculum Which curriculum for Higher Specialist Training in GU Medicine are you following?
 August 2010 curriculum December 2016 curriculum
OR
 I am not following a GU curriculum ID Other

SECTION 9 – Examination Agreement: see Note 9.1

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 Dip HIV Med, 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 Dip HIV Med is transferred to a third party, your personal information may be disclosed to such third party for the purposes of the administration of the Dip HIV Med. 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 Dip HIV Med, 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 Dip HIV Med. 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):

Candidates registered with the GMC: PAYMENT BY*:

- The Society's Website
<https://www.apothecaries.org/shop/>
Date paid ____/____/____
- Direct Transfer - Date paid ____/____/____

OR

- Cheque (Sterling drawn on UK bank account only)

Candidates NOT registered with the GMC: PAYMENT BY*:

- The Society's Website
<https://www.apothecaries.org/shop/>
Date paid ____/____/____
- Direct Transfer - Date paid ____/____/____

OR

- Cheque

AND

- Documentary evidence of Primary Medical Qualification (third-party authenticated copy only – not originals)
- Evidence of CURRENT registration in own jurisdiction

(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).

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 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 or provide a digital signature and date.

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.

SECTION 1: Personal details

1.1 Surname and all Forename(s). 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. 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 hospital address, please also give the relevant Department. Please notify the Examinations Office in writing of any subsequent change.

SECTION 2: Registration with professional body

2.1 GMC Registration. If you have Full, Limited or Provisional Registration with the General Medical Council (GMC) and you appear on the GMC website (www.gmc-uk.org), YOU DO NOT NEED to submit documentary evidence of your primary medical qualification. YOU MUST, however, complete Section 2 to include your GMC number and the date you obtained your Registration.

Candidates NOT registered with the GMC

If you are NOT registered with the General Medical Council 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: Qualifications

3.1 Degree. The abbreviation of the title of the medical degree awarded. 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 was conferred upon you.

3.3 Awarding University The full name of the awarding university.

3.4 Other qualifications. Please only list qualifications relevant to the Diploma.

SECTIONS 4 - 6: Eligibility

For eligibility criteria please refer to the Guide to the Diploma.

SECTION 7:

7.1 Countersignature. Applications for the Dip HIV Med examination MUST be endorsed by your current or most recent Educational Supervisor. For candidates who are not specialty trainees in HIV Medicine, this form must be countersigned by the medical employer. Please note that verification may be sought through direct communication with your educational supervisor/employer.

SECTION 8:

8.1 OSCE session preference. Every effort is made to allocate an OSCE session in line with preferences, but no guarantee can be given; no changes can be made once the admission document has been issued.

SECTION 9:

9.1 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(s) 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.

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