



**The Society of Apothecaries of London**  
**Diploma in Medical Jurisprudence**  
**(Pathology) (DMJ(Path))**  
**Application Form: 22 & 23 February 2021**

- **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 Application Form: **17:00 on Monday 24 August 2020**  
electronically to: **asstreg@apothecaries.org**  
**Please note – applications received after this date / time will NOT be accepted.**

**FOR OFFICE USE ONLY**

Date candidate advised of fee payable:   
Date fee received:

Date	<input type="text"/>
Complete?	<input type="text"/>
Payment by	<input type="text"/>
Amount	<input type="text"/>

Approved on behalf of the Examinations Board subject to receipt of fee:  
Registrar: \_\_\_\_\_  
Date: \_\_\_\_\_

**CANDIDATE NUMBER**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**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 \_\_\_\_\_  
FORENAME(s) \_\_\_\_\_  
CORRESPONDENCE ADDRESS \_\_\_\_\_

Town \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

**CONTACT DETAILS (Include area code):**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Fax \_\_\_\_\_

EMAIL

**SECTION 2a – Registration with the (UK) General Medical Council: see note 2.1**

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

OR

**SECTION 2b – Registration with another national medical council: see note 2.2**

With which national medical council are you registered?	.....								
Date obtained ____ / ____ / ____ /	<b>NUMBER:</b>								

Please enclose documentary evidence of your primary medical qualification (3rd-party authenticated copy only – no originals) AND evidence of current registration in own jurisdiction

**SECTION 3 – Relevant appointments held (in areas relating to Medical Jurisprudence [Pathology]) : See note 3.1**

Please indicate all previous appointments in areas relating to Medical Jurisprudence (Pathology). For any part-time posts please indicate the number of sessions worked per week.

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

**SECTION 4 – Counter signature by Medical Employer or Educational Supervisor: see note 4.1**

Please complete in black ink (pen or ball point) and in BLOCK CAPITALS

I confirm that after qualification the candidate has had no fewer than **3 years'** experience in a recognised department of pathology or forensic medicine. During this period the candidate has personally conducted full, invasive autopsies, including examples of the various forms of trauma and unnatural deaths.

<b>Signature</b> _____	<b>Full Name</b> _____
<b>Position</b> _____	<b>GMC No.*</b> _____
<b>Department</b> _____	<b>Name Of Employing Authority</b> _____
<b>Date</b> _____	<b>Tel No.</b> _____
<b>Email</b>	<input type="text"/>

\*Or national medical council number

**SECTION 5 – Examination Agreement: see Note 5.1**

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 DMJ (Path), 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 DMJ (Path) is transferred to a third party, your personal information may be disclosed to such third party for the purposes of the administration of the DMJ (Path). 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 DMJ (Path), 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 DMJ (Path). You also agree to your name, if the Diploma is awarded, being disclosed in any enquiry concerning diplomates.

**(non-UK registered candidates only)**

I submit:

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

**(all candidates)**

I undertake to submit the following to arrive by the deadlines published in the Administrative Guidance for Candidates (please tick):

- Payment of the full fee
- Casebook (**submitted electronically to: [asstreg@apothecaries.org](mailto:asstreg@apothecaries.org)**)

(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

**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](http://www.apothecaries.org)) carefully before completing this form as incomplete applications may be returned.

**Application.** 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.**

**Fee.** The fee payable will be published in the Administrative Guidance for Candidates in the July preceding the examination. Final acceptance for entry to the examination is conditional on the full fee having been paid by the published deadline.

### **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.

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

**1.1 Surname and Forename(s).** 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: Professional registration**

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

**2.2** If you are NOT REGISTERED with the United Kingdom's General Medical Council, you MUST complete Section 2.b and submit documentary evidence of your primary medical qualification (AUTHENTICATED COPY ONLY – no originals please). Furthermore you MUST submit proof of CURRENT registration in your own jurisdiction (again AUTHENTICATED COPY ONLY – no originals please). Documents must be **in English**, or an English translation certified by an appropriate authority (not the applicant). For further information please refer to the Guide to the Diploma ([www.apothecaries.org](http://www.apothecaries.org)).

### **SECTION 3: Relevant Appointments Held**

**3.1** Please provide details of all pathology-related appointments held, including all dates. Failure to do so renders your application incomplete, delaying the approval of your application, possibly leading to the loss of a place.

## **SECTION 4:**

**4.1 Countersignature** Applications for the examination MUST be endorsed by your medical employer (Regulation 4). 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 your medical employer.

## **SECTION 5**

**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 published in the **Administrative Guidance for Candidates** (available online at [www.apothecaries.org](http://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**.

Final acceptance for entry to the examination is conditional on the full fee having been paid by the published deadline.

### **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)