



The Society of Apothecaries of London

November
2021

Diploma in HIV Medicine (Dip HIV Med)

Application Form

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Monday 1 November 2021

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OSCE:

Tuesday 9 & Wednesday 10 November 2021

- Please read the explanatory endnotes before completing this form.
- An application is complete only when we have received all relevant documents and the full fee (where applicable).
- All personal information held by the Society of Apothecaries of London (SAL) 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 may be used in data comparisons to verify qualifications and to prevent fraudulent activity.

Deadline for receipt of a digital copy of this application form: **5.00PM on Monday 9 August 2021**

Applications received after this time cannot be accepted. Please submit your completed application to: asstreg@apothecaries.org

FOR OFFICE USE ONLY

Approved by Academic Registrar: YES NO

Date:

Date:

Complete? YES NO

Payment by BACS SHOP

Amount

CANDIDATE NUMBER

SECTION 1 Personal Details

Please give your full name 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:	
Forenames:	
Address:	
Postcode:	
Country:	
Mobile Phone:	
Work Phone:	
Email:	

SECTION 2a Registration with the UK General Medical Council

If you are currently registered with the General Medical Council of the United Kingdom, please provide details here.

GMC Number

Date Obtained (DD/MM/YYYY)

SECTION 2b Registration with another national medical council

If you are currently registered with another national medical council, please provide details here. Please see Note 2.2 for a list of supporting documentation that should accompany your application.

Name of national medical council

Number

Date Obtained (DD/MM/YYYY)

SECTION 3 Qualifications**Primary Medical Qualification**

Degree

Date Passed / Conferred (DD/MM/YYYY)

University

Other Qualifications relevant to the Diploma

Qualification

Date passed

Awarding Body

Location

Qualification	Date passed	Awarding Body	Location
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 4 Previous appointments held in HIV-related specialty

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

Post	Specialty	Hospital	Dates MM/YY (from - to)	Full/Part time
<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"/>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 5 Current appointment:

Hospital		
Deanery		
Specialty	GUM <input type="checkbox"/>	
	ID <input type="checkbox"/>	
Other (please specify):		
Please select current post:		
ST 3 <input type="checkbox"/>	LAS <input type="checkbox"/>	Other specialty training grade (please specify specialty, year & grade):
ST 4 <input type="checkbox"/>	LAT <input type="checkbox"/>	
ST 5 <input type="checkbox"/>	GP <input type="checkbox"/>	NCCG (please specify grade and specialty):
ST 6 <input type="checkbox"/>		
Dates of current post (MM/YY)	From	To
	Full time <input type="checkbox"/>	
	Part Time <input type="checkbox"/>	
	Sessions/week (if part time) <input type="checkbox"/>	
Which curriculum for Higher Specialist Training in GU Medicine are you following?		
Joint Royal Colleges December 2016 Curriculum <input type="checkbox"/>		
	ID <input type="checkbox"/>	
Other (please state)		

SECTION 6 – Relevant courses attended (e.g. BASHH/BHIVA)

Course	Date	Location

SECTION 7 Counter signature by Medical Employer or Educational Supervisor

I confirm that after qualification this candidate has had substantial, regular and continued clinical experience of HIV medicine over at least a 2-year period (or part-time equivalent) at Specialty Trainee level (or equivalent). This should include practice within the last 5 years, incorporating experience of both inpatient and outpatient care.

Signature:

Name:

Position:

GMC Number*

Telephone:

Date:

Email:

***Or National Medical Council Number**

SECTION 8 OSCE session preference

Please indicate your **ONE** preferred session for the OSCE. Please note that:

- Indication of a preference does **not** guarantee a place for that session
- There is no guarantee that all sessions will be run.

Your session will be confirmed on your admission document, which will be issued after the application deadline.

Session 1	Tuesday 9 November 2021	09.30	<input type="checkbox"/>
Session 2	Tuesday 9 November 2021	13.55	<input type="checkbox"/>
Session 3	Wednesday 10 November 2021	09.30	<input type="checkbox"/>
Session 4	Wednesday 10 November 2021	13.55	<input type="checkbox"/>

SECTION 9 Examination Agreement

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 Society of Apothecaries of London (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 accept that an incomplete application may lead to a delay in processing and / or its being returned.

I agree to the above and understand that, if any of the above is not correct, or is not fully met, SAL reserves the right to reject my application and I will not be permitted to re-apply until the next diet.

I understand that if I withdraw or defer my application after the closing date I will forfeit a proportion of the application fee as stated in the [Guide to the Diploma](#).

(For non-UK registered candidates only)

I submit together with this application form:

- An electronic copy of my Primary Medical Qualification (third-party authenticated copy only – not originals)
- Evidence of current registration in my own jurisdiction (third-party authenticated copy only – not originals)

(For all candidates)

I will submit the following by the deadlines published in the [Administrative Guidance for Candidates](#):

(IF APPLICABLE)

I have previously submitted Form Q dated (DD/MM/YYYY):

SIGNATURE:

DATE

(DD/MM/YYYY):

By signing this application, 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 DHIV, 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 DHIV. You also agree to your name, if the Diploma is awarded, being disclosed in any enquiry concerning diplomates.

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 DHIV, 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 DHIV is transferred to a third party, your personal information may be disclosed to such third party for the purposes of the administration of the DHIV. 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.

Application Form A: Endnotes

Please read the [Guide to the Diploma](#) before completing this form.

General Points

You should complete this form (**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**.

Your 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 deadline cannot be accepted.

The fee payable will be published in the [Administrative Guidance for Candidates](#) in the January preceding the examination. 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.

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.

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, provide your GMC number and the date you obtained your Registration in Section 2a of this form.

2.2 If you are **not** registered with the United Kingdom's General Medical Council, you must complete Section 2b of this form and submit documentary evidence of your primary medical qualification (authenticated copies only – no originals). Furthermore you must submit proof of current registration in your own jurisdiction (again authenticated copies only – no originals). 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](#).

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 list only 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 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](#) 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 containing your candidate number and examination date and timings. This candidate number will be unique to you and will be your identification number during this examination. Please quote this number in all correspondence with the Society.

CONTACT

Society of Apothecaries of London
Black Friars Lane
London
EC4V 6EJ

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Fax: 020 7329 3177

Email: asstreg@apothecaries.org