



The Society of Apothecaries of London

FORM A

May 2021

Diploma in Medical Jurisprudence (Pathology) – DMJ (Path)

Application Form: **Monday 21 & Tuesday 22 February 2022**

- 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 the application form: **5.00PM on Monday 23 August 2022**

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 th UK General Medical Council

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

GMC No:

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:

Name of national medical council

Number:

Date Obtained

DD MM YYYY

SECTION 3 Relevant appointments held in areas relating to Medical Jurisprudence (Pathology)

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

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.

Signature:

Name:

Position:

GMC Number*

Department

Employing
Authority

Telephone:

Date:

Email:

***Or National Medical Council Number**

SECTION 5 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, the 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 per the [Regulations and Syllabus](#).

(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 shall submit the following by the deadlines published in the Administrative Guidance for Candidates:

- Payment in Pounds Sterling (£) of the full fee by
- The Society's website: <https://www.apothecaries.org/shop/>
- BACS
- My casebook (**submitted electronically to: asstreg@apothecaries.org**)

(IF APPLICABLE)

I have previously submitted Form Q dated:

SIGNATURE:

DATE:

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 DMJ(Path). 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 DMCC, 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 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.

Application Form A: Endnotes

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

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**.

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 deadline cannot be accepted.

The fee payable will be published in the [Administrative Guidance for Candidates](#) in the July 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 please). Furthermore you must submit proof of current registration in your own jurisdiction (again authenticated copies 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](#).

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](#) 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
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EC4V 6EJ

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Fax: 020 7329 3177

Email: asstreg@apothecaries.org