



**SECTION 2 – Registration with professional body: see endnote 2.1****UK candidates**

1. Are you currently registered with the General Medical Council (GMC)?\* YES / NO

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

**GMC NUMBER:**

--	--	--	--	--	--	--	--

**OR**

2. Are you currently registered with the General Dental Council (GDC)?\* YES / NO

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

**GDC NUMBER:**

--	--	--	--	--	--	--	--

**OR**

3. Are you currently registered with the Nursing and Midwifery Council (NMC)?\* YES / NO

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

**NMC NUMBER:**

--	--	--	--	--	--	--	--

**US candidates**

Are you currently registered with the American Medical Association (AMA)? YES / NO

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

**AMA NUMBER:**

--	--	--	--	--	--	--	--

**Dutch candidates**

Are you currently registered with the Royal Dutch Medical Association (KNMG)? YES / NO

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

**BIG NUMBER:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Other candidates\***

Please provide the exact name of your professional registration body and a copies of your primary medical, dental or nursing qualification AND proof that you are currently registered with that body

Name of body:.....

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

**REGISTRATION NUMBER:**

--	--	--	--	--	--	--	--

\* If not registered with the GMC, GDC or NMC, please refer to endnotes

**SECTION 3 – Conflict and Catastrophe Medicine Course**

Please indicate here whether you have completed, or are currently taking, the Society's Conflict and Catastrophe course:

I have completed the Conflict and Catastrophe Medicine Course. Completion date (mm/yyyy):  
Please proceed directly to Section 5

I am currently taking the Conflict and Catastrophe Medicine Course. Expected end date (mm/yyyy):  
Please proceed directly to Section 5

I have not completed, nor am I undertaking, the Conflict and Catastrophe Medicine course.  
Please proceed to Section 4 and obtain the necessary signature(s).

**SECTION 4**

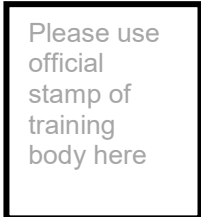
Only candidates who have **not** completed the Society’s Conflict and Catastrophe Medicine Course should complete Section 4a-4f

**SECTION 4a – Completion of MODULE ONE (Epidemiology of Disasters and societies affected by conflict): see endnotes 4.1 – 4.2**

To be completed by training co-ordinator (or equivalent). Please complete in BLOCK CAPITALS

I confirm that: \_\_\_\_\_  
Has completed: \_\_\_\_\_ (course)  
At: \_\_\_\_\_

Which has Included training in:  
Defining the situation and gathering information



SIGNATURE \_\_\_\_\_ FULL NAME \_\_\_\_\_  
POSITION \_\_\_\_\_ TEL NO. \_\_\_\_\_  
DATE \_\_\_\_\_

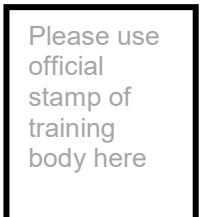
EMAIL 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SECTION 4b – Completion of MODULE TWO (Priorities for intervention in disasters): see endnotes 4.1 – 4.2**

To be completed by training co-ordinator (or equivalent). Please complete in BLOCK CAPITALS

I confirm that: \_\_\_\_\_  
Has completed: \_\_\_\_\_ (course)  
At: \_\_\_\_\_



SIGNATURE \_\_\_\_\_ FULL NAME \_\_\_\_\_  
POSITION \_\_\_\_\_ TEL NO. \_\_\_\_\_  
DATE \_\_\_\_\_

EMAIL 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--





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

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 IN POUNDS STERLING BY:

The Society's website: <https://www.apothecaries.org/shop/>

BACS

**Candidates not registered with the GMC, GDC, NMC, AMA or KNMG:**

PAYMENT IN POUNDS STERLING BY:

The Society's website: <https://www.apothecaries.org/shop/>

BACS

**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 (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. All personal information held by the 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. 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 Academic Registrar 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 SAL 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 its being returned.

**I understand** that if I withdraw or defer my application after the closing date I shall forfeit a proportion of the application fee as per the Regulations and Syllabus ([www.apothecaries.org](http://www.apothecaries.org)).

**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

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

**Please read these notes carefully before completing the form.  
You do not need to return these notes 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 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.

Completed applications must be received by 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 cannot be accepted.

### **The Form**

Please complete the form in **BLOCK CAPITALS**. Ensure that you complete all sections and that you sign and date the Examination Agreement. (Digital signatures are acceptable.)

### **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 2: Registration with professional body – N.B. paragraph 1 of the Guide to the Diploma**

**2.1 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 3**

**3.1 Conflict and Catastrophe Medicine Course.** Insert the start date and end date of the Faculty course.

### **SECTION 4:**

**4.a-4.f. Countersignatures** Candidates for the Diploma who have not completed, or who are not taking, the Society's Conflict and Catastrophe Medicine Course must arrange for sections 4.a.-4.f. to be completed by their training co-ordinator/s (or equivalent). Failure to provide full and correct information will render the application incomplete, in which case it may be rejected.

Please note that verification may be sought through direct communication with the training co-ordinator/s (or equivalent).

**SECTION 5:**

**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 may 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.

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

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