INTERCOLLEGIATE DO-HNS APPLICATION FORM
Diploma in Otolaryngology – Head and Neck Surgery (Updated August 2009)

The examination fee and all relevant information must be included with the application. Please write in CAPITAL LETTERS.

Give details of any username or personal ID issued to you by the college to which you are applying to sit the examination:

FOR OFFICE USE ONLY
Acknowledgement sent: 
Fee paid: 
Comments on Application: 

Last name in full: ________________________________________________________________
Write your name exactly as it appears on your primary medical degree certificate.

Other names in full: __________________________________________________________________________

Gender: [ ] Female  [ ] Male (circle as appropriate) Date of birth: ___/___/___ (Day/Month/Year)

Address:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Postcode: ____________________________________________
(For examination notices, results and correspondence)

Telephone numbers:
Contact number: ______________________________ Mobile: ______________________________
Fax: ______________________________ Email: ______________________________

ALL candidates must provide two photographs.

STAPLE
TWO PASSPORT PHOTOGRAPHS HERE
Print your name on the back of the photographs.
35mm x 45mm
### SECTION 1 – APPLICATION

I wish to apply for:

- [ ] Part 1 (MCQ)  
- [ ] Part 2 (OSCE)  
- [ ] BOTH Part 1 and Part 2

**MCQ to be held on:** __/__/__  
**OSCE to be held on (start date):** __/__/__

Day/ Month/ Year

**College to which you are applying:**

- [ ] Edinburgh  
- [ ] England  
- [ ] Glasgow

**Centre (as applicable):** __________________________

I enclose the required fee of ________________________ as shown in the current college examinations calendar.  
Note: the fee must be submitted in £ sterling.

Please indicate the date of the last attempt at any part of the DO-HNS examination and the college to which you applied:

**College:** __________________________  
**Date:** __/__/__  
Day/ Month/ Year

If you are applying for Part 2 only, please list the College and date of sitting where you have achieved a pass in Part 1.

**Date of sitting:** __/__/__  
**Centre:** __________________________

Please list the College(s) and date(s) of any previously failed attempts at the MRCS Part B or the Intercollegiate DO-HNS Part 2 examination. Candidates are permitted a combined maximum of four attempts at these examinations.

**Date of sitting:** __/__/__  
**Centre:** __________________________

**Date of sitting:** __/__/__  
**Centre:** __________________________

**Date of sitting:** __/__/__  
**Centre:** __________________________

1. You can enter any part of the examination through any college but may only enter with one college at each sitting.  
2. If you enter an examination with more than one of the four colleges at the same sitting, you will forfeit the fees for each additional application.  
3. You must have been awarded a pass in Part 1 before sitting Part 2. If you are applying for Part 2 and have passed Part 1 with a different college, you must include a pass letter or a certified copy as evidence. If you are applying to sit the examination through the same college you are required to submit another application form and photographs but you do NOT have to send your degree certificate or complete section 2 again.
SECTION 2 - ACADEMIC RECORD

Primary medical qualification: _________________________________ Date conferred: _____/_____/_____
Day/ Month/ Year

Qualifying university: ________________________________________________________________

Medical school at which degree obtained: __________________ Country: _______________________

GMC/IMC number (if held): ___________________________________________________________

If your name does not appear in the Medical Register of the General Medical Council of the UK or the Medical Register of Ireland your qualification must be acceptable to one of the Councils of the colleges; in this case, you MUST submit your original degree certificate or a certified copy for scrutiny.

SECTION 3 – LEVEL OF TRAINING AND DEANERY AT THE TIME OF APPLICATION

The Colleges are required to collect the following information by the Postgraduate Medical Education and Training Board. Please note: The completion of this section is mandatory, incomplete applications will be returned to candidates.

3.1 Please indicate the level of your training by ticking the appropriate box:

☐ FY1 ☐ FY2 ☐ CT1/ST1 ☐ CT2/ST2 ☐ CT3 ☐ FTST ☐ Other: ...................

3.2 Please indicate the Deanery to which you are appointed by ticking the appropriate box:

☐ 0021 Not applicable ☐ 0007 Yorkshire and Humber Postgraduate Deanery ☐ 0014 Oxford Deanery

☐ 0001 Northern Deanery ☐ 0008 Mersey Deanery ☐ 0015 Kent Surrey and Sussex Deanery

☐ 0002 North Western Deanery ☐ 0009 Severn Deanery ☐ 0016 East Scotland Deanery

☐ 0003 London Deanery ☐ 0010 East Midlands Healthcare Workforce Deanery ☐ 0017 North Scotland Deanery

☐ 0004 West Midlands Multi-Professional Workforce Deanery ☐ 0011 South West Peninsula Deanery ☐ 0018 Defence Postgraduate Medical Deanery

☐ 0005 Wessex Deanery ☐ 0012 West Scotland Deanery ☐ 0019 Wales School of Postgraduate Medical and Dental Education

☐ 0006 South East Scotland Deanery ☐ 0013 East of England Deanery ☐ 0020 Northern Ireland Medical and Dental Training Agency
## SECTION 4 – CHECKLIST

Is your application form complete? Have you included the following?  

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete and up-to-date contact information</td>
<td>☐</td>
</tr>
<tr>
<td>Two recent passport photographs with your name printed on the back</td>
<td>☐</td>
</tr>
<tr>
<td>Full examination fee</td>
<td>☐</td>
</tr>
<tr>
<td>Complete details of your primary medical qualification, including university and date of completion</td>
<td>☐</td>
</tr>
<tr>
<td>If your name does not appear on the GMC or IMC Register, a certified copy of your primary medical degree certificate</td>
<td>☐</td>
</tr>
<tr>
<td>Date of examination</td>
<td>☐</td>
</tr>
<tr>
<td>Examination centre</td>
<td>☐</td>
</tr>
<tr>
<td>If applying for Part 2 at a different college to where Part 1 was passed, your Part 1 pass letter (or a certified copy)</td>
<td>☐</td>
</tr>
<tr>
<td>Signed and dated declaration confirming that you have read and understood the Regulations for the Intercollegiate Diploma in Otolaryngology – Head and Neck Surgery (DO-HNS) (Updated August 2009).</td>
<td>☐</td>
</tr>
</tbody>
</table>

Copies of original documentation, verified by a public notary or solicitor/lawyer, should have an official stamp accompanying the signature. Official English translations will be required for stamps or certificates sent that are not in English.

## SECTION 5 – DECLARATION (to be signed by the candidate)

I declare that to the best of my knowledge all the information given on this form is a true statement. Any false statement will invalidate my entry. I have read and understood the Regulations for the Intercollegiate Diploma in Otolaryngology – Head and Neck Surgery (DO-HNS) (Updated August 2009).

Signature of candidate: ___________________________________________ Date: __/__/____

Day/ Month/ Year

All personal information held by the Surgical Royal Colleges of Great Britain and Ireland will be held in accordance with the Data Protection Act of 1998 and the Freedom of Information Act 1998. Any data collected may be exchanged between the Surgical Royal Colleges of Great Britain and Ireland but will not be released elsewhere without your permission.

In the unlikely event that the Surgical Royal Colleges of Great Britain and Ireland have to cancel the examination, the examination fee shall be reimbursed, but the Surgical Royal Colleges of Great Britain and Ireland shall incur no further liability.

## REQUEST FOR SPECIAL ARRANGEMENTS

It is the responsibility of the candidate to notify the examinations section or department of any special requirements at the time of application to the examination and submit appropriate supporting evidence as specified in the regulations.

Applications for special arrangements on medical or compassionate grounds must be supported by medical certification at the time of application.

## SECTION 6 - RELEASE OF RESULTS (this section is optional)

I authorise the examinations section or department of the examining college to release my results to my Assigned Educational Supervisor.

Signature of candidate: ___________________________________________ Date: __/__/____

Day Month Year
SECTION 7 - PAYMENT

➢ The only credit/debit cards accepted by The Royal College of Physicians and Surgeons of Glasgow are Visa, MasterCard and Switch.
➢ None of the Surgical Royal Colleges accept American Express.

Name of candidate (BLOCK CAPITALS): ___________________________________________________

Payment must be made in full by:  ☐ Bank draft  ☐ Cheque  ☐ Credit/debit card
(Tick as appropriate)

CHEQUES should be made payable to the college at which you wish to take the examination. Print your name on the back of the cheque.

Cheque number: __________________________________________

CREDIT CARD/DEBIT CARD

I wish to pay by (Tick as appropriate)

☐ VISA  ☐ MasterCard  ☐ SWITCH  ☐ DELTA  ☐ SOLO  ☐ VISA DEBIT  ☐ ☐ MAESTRO

Card Number: ____________________________________________

Valid from date: ______/_____/______  Expiry date: ______/_____/______  Three-digit security number: _____________

(found on the reverse of your card)

Debit Card issue number (if applicable): ___________

Amount authorised to be withdrawn: __________________

For details of current examination fees, please refer to the examinations calendar.

Name of cardholder: ________________________________________________

Signature of cardholder: ____________________________________________  Date: _____/_____/____

Day/ Month/ Year
EQUAL OPPORTUNITIES MONITORING (OPTIONAL)

The Royal Colleges of Surgeons of Great Britain aim to ensure fair treatment in relation to admission and assessment of examination candidates. The Colleges aim to assess candidates on the basis of ability, regardless of gender, colour, ethnic or national origin, race, disability, age, socio-economic background, religious or political beliefs, family circumstances, marital status, sexual orientation or other irrelevant distinction. Completing this form will allow us to monitor our statistics and ensure that we are not discriminating in any way.

In line with UK legislation and good practice guidelines, we are asking everyone to complete this section. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be recorded electronically with your other data in accordance with the Data Protection Act 1998, but used only for monitoring our business practice.

<table>
<thead>
<tr>
<th>Gender</th>
<th>ETHNICITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>a) White</td>
</tr>
<tr>
<td>Male</td>
<td>b) Mixed</td>
</tr>
</tbody>
</table>

Nationality

Do you consider your first language to be

- English
  - Yes
  - No

Do you have a disability under the terms of the Disability Discrimination Act 1995 (a person with a physical or mental impairment that affects your ability to carry out normal day to day activities which are substantial, adverse and long term)?

- Yes
- No

What is your sexual orientation?

- Bisexual
- Heterosexual
- Lesbian or Gay

What is your religion or belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion/belief

Indicate a more specific category here:

<table>
<thead>
<tr>
<th>ETHNICITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) White</td>
</tr>
<tr>
<td>b) Mixed</td>
</tr>
<tr>
<td>c) Asian or Asian British</td>
</tr>
<tr>
<td>d) Black or Black British</td>
</tr>
<tr>
<td>e) Chinese or other ethnic group</td>
</tr>
<tr>
<td>f) Middle Eastern/Arabic</td>
</tr>
</tbody>
</table>

Choose one selection from the list below to indicate your cultural background.

- White
  - British
  - Irish
  - Any other White background
- Mixed
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other mixed background
- Asian or Asian British
  - Indian
  - Pakistani
  - Bangladeshi
  - Any other Asian background
- Black or Black British
  - Caribbean
  - African
  - Any other Black background
- Chinese or other ethnic group
  - Chinese
  - Any other background
- Middle Eastern/Arabic
  - Arabic
  - Any other Middle Eastern Background

Indicate a more specific category here: