

FACULTY OF FORENSIC & LEGAL MEDICINE

of the Royal College of Physicians, London

Correspondence Address

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www.fflm.ac.uk

Registered Charity 1119599



FOR OFFICE USE

- Registered
- Incomplete
- Entered
- Cash
- C/C
- Cheque
- GMC
- Diploma
- Entry Visa

Application form for entry to the MFFLM Examination Part 1

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Candidate Number

- Please read the explanatory notes on page 4 **BEFORE** completing this form.
- Please complete ALL sections and ensure that you date and sign the Agreement.
- Please complete the form in black ink (pen or ball point) and in **BLOCK CAPITALS**.
- Send the application to the Administration Office no earlier than the published application opening date.
- Please ensure your application reaches the FFLM Office on or before **17:00 BST on Friday, 13 August 2010**.
- All personal information held by the Examinations Department of the Faculty of Forensic and Legal Medicine of the Royal Colleges of Physicians of the UK Administration Office will be held in accordance with the Data Protection Act of 1998 and the Freedom of Information Act 1998. Any data will not be released elsewhere without your permission. Data will be used in data comparisons to verify qualifications and to prevent fraudulent activity, and may be retained for this purpose.

SECTION 1 – Personal details

(please use **BLOCK CAPITALS**)

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. Any initial, abbreviation, change in the order, number and spelling of names will require that you produce original documentary evidence to explain the discrepancy as stated in the MFFLM Part 1 Agreement form.

FAMILY/LAST NAME (as shown on medical diploma, unless changed by marriage or Deed Poll) _____

FORENAME(S) (IN FULL, as shown on medical diploma, unless changed by marriage or Deed Poll) _____

FORMER NAME/MAIDEN NAME (if applicable) _____

CORRESPONDENCE ADDRESS

City _____ Postcode _____ Country _____

CONTACT TELEPHONE

Home:

Work:

Ext:

Mobile:

Bleep:

Fax:

EMAIL ADDRESS

DATE OF BIRTH ____ / ____ / ____
DD MM YY

SEX Male / Female (please circle)

CURRENT POST _____ Specialty: _____

If you pass Part 1, which Part 2 Exam do you intend to take? *Please circle*

General Forensic Medicine

Sexual Offence Medicine

Medico-legal Advisers

SECTION 2 – Qualifications

Primary Medical Qualification – See Notes for WHO and Certificate instructions

DEGREE _____ DATE PASSED/CONFERRED _____ / _____ / _____
DD MM YY

ISSUING UNIVERSITY _____ CITY _____

MEDICAL SCHOOL _____ COUNTRY _____

SECTION 3 – Registration with the General Medical Council (GMC) or equivalent body

To complete this section, go to the GMC website <http://www.gmc-uk.org/> and click on 'Check a Doctor's Registration'.

Are you currently registered with the General *(please circle)* YES / NO
Medical Council of the United Kingdom (GMC)? Category: FULL / PROVISIONAL / LIMITED

DATE OBTAINED: _____ / _____ / _____ GMC NUMBER

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SECTION 4 – Request for special arrangements

It is your responsibility to notify the Administration Office of any special requirements in writing at the time of application. Applications for special arrangements on medical or compassionate grounds must be supported with medical certification.

You should not assume that previously agreed special arrangements will be carried forward to a future examination and the Faculty expects to be notified of any request at each examination attempt. Details of any agreed special arrangements will be recorded electronically against your record and used for monitoring the effectiveness of the Faculty's processes.

Please specify requested arrangements below: _____

SECTION 5 – Payment details

You can pay your examination fee by cheque, banker's draft or online at the FFLM website.

To pay online, go to www.fflm.ac.uk/shop/mfflmexam/

When you are ready to enter payment details, you will be directed to Google Checkout. Please ensure you **record your payment reference below** so your payment can be linked to your application form.

If you need any assistance with this process, please contact the Office - info@fflm.ac.uk

FEE ENCLOSED: PLEASE DO NOT SEND CASH THROUGH THE POST

Please indicate type of payment:

I have paid by Credit/Debit card online at FFLM

Google Checkout Reference _____

Cheque on UK bank (*payable to 'Faculty of Forensic & Legal Medicine'*)

Banker's draft

FOR OFFICE USE

MFFLM Part 1 Examination Agreement Form

NAME (BLOCK CAPITALS) _____

DATE OF BIRTH ____ / ____ / ____
DD MM YY

I 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 MFFLM Regulations and Information for Candidates and I understand that my entrance to the Examination may be forfeited if any information or documentation requested is not correct or is omitted.

I have submitted the following information, documentation and payment details with my signed and completed application form, prior to the closing date (*please tick where applicable*):

1. Documentation

- a) Original primary medical degree certificate **OR**
- b) an authenticated copy of my original primary medical degree certificate (*PREFERRED*) **OR**
- c) an authenticated translation of my original primary medical degree certificate **OR**
- d) my GMC number (UK General Medical Council Full/Limited/Provisional Registration).
- e) I enclose a copy of the Chief Examiners exemption letter [if applicable]

I accept the Faculty of Forensic and Legal Medicine of the Royal College of Physicians can only accept authenticated copies of original documents if they have been attested and prepared by:

- The issuing University or Medical School **OR**
- A British Consulate or British Council **OR**
- The Candidate's own embassy or High Commission in the United Kingdom.

I accept that any original documents submitted with my application form cannot be collected from administration offices. All original documents are posted back to candidates. This can take several weeks. For this reason, and because of possible postal delays, candidates are advised to obtain an attested copy for their records and to submit their original primary medical degree certificate to the FFLM. As all applications are dealt with on a first come, first served, basis, administration office staff cannot under any circumstances prioritise the return of original certificates.

2. Initial Expansion and Name Discrepancies

Where applicable, a document to expand all initials or clarify any name abbreviations and discrepancies on my primary medical degree certificate must be submitted. The document states that I am (in my full name) the same person named on the primary medical degree certificate. The document is in the form of (*please tick if applicable*):

- a) an original certificate from the issuing university **OR**
- b) an original affidavit from a solicitor.

3. Payment

The Examination fee, in sterling, paid by cheque, banker's draft, credit card or debit card.

- If by cheque, I have dated, signed and made the cheque payable to 'Faculty of Forensic and Legal Medicine'. I have also written my name and date of birth (or MFFLM candidate number, if I am a re-entrant) on the reverse of the cheque.
- If by credit card or debit card, I have supplied my full card details.

I will ensure that funds are available to honour the payment transaction of the Examination fee, anytime between submitting the application form and the examination date. If my payment is declined it is my responsibility to submit payment in cleared funds such as a banker's draft.

4. Visa

If I require a visa to sit the Examination in the UK, I accept that it is my responsibility to ensure that I apply for a visa in time for the Examination. I understand that a refund will not be given if I cannot attend the Examination due to visa related problems. I am submitting a signed written letter with my application form, clearly stating that I will be seeking to obtain a visa. I understand the FFLM strongly advise me to submit my application form, documentation and accompanying letter, to reach the Administration Office by 5pm, two weeks prior to the Examination closing date but no earlier than the published application opening date.

I accept incomplete applications may be returned or the processing of the form will be delayed significantly.

I understand that I cannot have my application or fee transferred to the next Examination.

I agree that if I withdraw I cannot re-enter the Examination during the current diet or have my application or fee transferred to the next examination.

I understand that faxed applications or photocopied signatures will not be accepted for reasons of confidentiality and security.

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

I understand that information requested will be used by the Colleges for administrative purposes, and to meet its statutory obligations.

SIGNATURE _____

DATE: ____ / ____ / ____
DD MM YY

MFFLM Examination Application form Notes

Please read the MFFLM Examination Regulations carefully before completing this form as incomplete applications will be returned.

CANDIDATE NUMBER

You will be issued with a candidate number (six digits in length) upon acceptance to the Part 1 Examination. This will be unique to you and will be your identification for as long as you remain a candidate in the MFFLM Examination. Please quote this number in all future correspondence with the Faculty.

SECTION 1

1.1 Family/Last Name and Forename(s) 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. Any initial, abbreviation, change in the order, number and spelling of names will require that you produce original documentary evidence to explain the discrepancy as stated in the MFFLM Agreement form.

1.2 Former Name/Maiden Name Only applicable if you have changed your name by either Deed Poll or marriage. Writing your former name in here will help prevent us from duplicating your entry on the Faculty computer system.

1.3 Correspondence address The address you provide will be used for all correspondence including the address to which your admission document will be sent. If using a Hospital address, please also give the relevant Department. If your address changes, please notify the Administration Office in writing as soon as possible.

SECTION 2

2.1 Entry requirements Every candidate must hold a medical qualification recognized by the FFLM. Candidates will not be admitted to the MFFLM Part 1 examination until 2 years after the date of qualification given on their diploma of medical qualification unless they hold a previous qualification in law and intend to gain Part 2 in medico-legal medicine in which case they may write to gain exemption from this 2 years from the Chief examiner at the Administration Office and enclose a copy of the letter confirming exemption with their application form.

2.2 Degree The abbreviation of the title of degree awarded, for example, Doctor of Medicine = MD, Bachelor of Medicine and Bachelor of Surgery = MBBS. Please write the name of your primary medical qualification exactly as it appears in the [WHO world directory of medical schools](#). If your qualification cannot be identified, your application will be returned.

2.3 Date conferred The date on which the degree certificate was conferred upon you (usually the ceremony date or the date you passed your final examination, whichever is earlier). If you have not received your certificate, a provisional certificate issued from the University is acceptable.

2.4 Issuing University The full name of the University of your instruction.

2.5 Medical School Name of College attached to the University.

2.6 City The city in which the University is located.

2.7 Country The country the University is in.

SECTION 3

Documentary evidence of qualification

If you have Full, Limited or Provisional Registration with the General Medical Council and you appear on the GMC website (www.gmc-uk.org), YOU DO NOT NEED to submit documentary evidence of your primary medical qualification. YOU MUST however complete Section 3 to include your GMC number, the year and month you obtained your degree and the category of Registration you have obtained.

If you are NOT REGISTERED with the General Medical Council, you MUST submit documentary evidence of your primary medical qualification (ORIGINAL or AUTHENTICATED COPY, please refer to the MFFLM Agreement – Section 1 on Documentation or to the MFFLM Regulations).

SECTION 5

Examination Fees

Fees are published on the website and are available from the administration office. Fees are revised annually. Fees are likely to increase from the first Examination of each year. Cheques should be made payable to "Faculty of Forensic and Legal Medicine". Please write your name and date of birth (or MFFLM candidate number if you are a re-entrant) on the back of the cheque. Candidates from overseas should ensure that their cheque yields the correct fee in Sterling AFTER deduction of bank charges. Banker's drafts drawn on a UK bank are preferable, and should be valid for at least three months after the examination date.

Faculty of Forensic and Legal Medicine

Administrations Office

3rd floor 116, Great Portland St
London W1W 6P

For further information see the MFFLM website - www.fflm.ac.uk

Equal Opportunities Monitoring

The Faculty of Forensic and Legal Medicine of the Royal College of Physicians aims to ensure fair treatment in relation to admission and assessment of examination candidates. In line with UK legislation and good practice guidelines we would like to monitor our statistics and ensure that we are not discriminating in any way.

Please help us do this by completing this section. Your answers are voluntary, confidential and will be recorded electronically with your other data in accordance with the Data Protection Act 1998. The information will only be used to monitor our administrative practices, carry out statistical analysis and ensure that we provide equality of opportunity to all.

Gender

- Female
- Male

Country of nationality _____

First language _____

Ethnic origin

Asian or Asian British

- Bangladeshi
 - Indian
 - Malay
 - Pakistani
 - Any other Asian background
please write in below
-

Black or Black British

- African
 - Caribbean
 - Any other Black background
please write in below
-

Chinese or Chinese British

Middle East/Arabic

- Arabic
 - Any other Middle Eastern background
please write in below
-

White

Mixed

please write in below

Other ethnic group

please write in below

Disability

Do you have a disability under the terms of the Disability Discrimination Act? (The DDA defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term effect on his or her ability to carry out normal day to day activities.)

- Yes
- No

If the answer to the above is yes, would you be prepared to specify which of the areas below is substantially affected in carrying out normal day-to-day activities?

- Ability to concentrate, learn or understand (e.g. dyslexia)
- Ability to lift, carry or move everyday objects
- Continence
- Eyesight
- Hearing
- Manual dexterity
- Memory
- Mobility
- Physical co-ordination
- Speech
- Understanding of the risk of physical danger
- Would rather not disclose