**The Scotland GP Enhanced Induction Programme**

**MCQ and Simulated Surgery Assessments**

**ASSESSMENT REGISTRATION FORM**

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| **PART 1: DEANERY DETAILS** |
| **Name of Referring Deanery** |  |
| **Primary Deanery Contact** |  |
| **Telephone Number** |  |
| **Email Address** |  |

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| **PART 2: CANDIDATE DETAILS**  |
| **Surname** |  | **First Name** |  |
| **GMC No :**  |
| **Is this GP candidate an**  *(\*performance issues)* | **EU** |  **UK** | **\*PU** | **IMG** |
| **Email** |  | **Home Tel** |  |
| **Work Tel** |  | **Mobile** |  |
| **Which Assessment is this candidate being registered for?** |
| **MCQ***(£150 per candidate)* |  | **Date of Assessment**  |  |
| **1st Attempt** |  | **2nd Attempt** |   |
| **You may book a provisional place for your candidate to take the Simulated Surgery assessment (payment by cheque required in advance) – confirmation of the booking is dependent on the candidate passing the MCQ** |
| **\*\*Simulated Surgery (OSCE)***(£850 per candidate)* |  | **Date of Assessment** |  |
| **\*Please circle assessment type\*** **ENTRY EXIT**  | **1st Attempt** |  | **2nd Attempt****Date of first attempt**  |   **/ /**  |
| **\*\*Does this candidate need to be ‘language assessed’?** **MUST INDICATE** *if taking the Simulated Surgery Assessment* | *yes* | *no* |
| **If YES, Country of Primary Medical Degree?** **Country of GP Training?** |  |

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| **PART 3: PAYMENT** |
| **Amount to be invoiced (£)** |  |
| **Contact Name and Address to send invoice to** *(Full name of contact and postal address)* |  |
| **MCQ Assessment**  | The candidate will be required to make the payment at the time of booking the MCQ using the online payment facility. If your candidates are to be reimbursed for this amount this should be claimed through your deanery.  |
| **Simulated Surgery (OSCE)****(£850)** | If candidate is paying independently, the referring Deanery must ensure that they collect a cheque made payable to ***Health Education England*** and sent to the National Recruitment Office together with this form by the submission deadline**.** |

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| **(This must be the Primary Deanery Contact)** **Signed :** **Name :** (BLOCK CAPITAL LETTERS) |  |

Please note: the information provided on this form may be entered onto a computerised system

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| **Please return COMPLETED/SIGNED application form to:** |
| **Induction and Refreshers** **National Recruitment Office for GP Training****Health Education England**St Chads Court | 213 Hagley Road | Edgbaston | Birmingham | B16 9RG | Email: iandr@wm.hee.nhs.ukTel: +44 (0)121 695 2238 |

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| **FOR OFFICE ONLY** |
| **Date Received :**  | **Database Entry :** |
| **RCGP :** |  |
| **Approved for Payment (RCGP) :** |

**GP INDUCTION & REFRESHER SCHEME**

**Cancellations and refunds policy**

1. Candidates who have applied to sit the Multiple Choice Questionnaire (MCQ) may cancel their assessment 24 hours before appointment. Upon cancellation, candidates are given a full refund. If candidates do not cancel in time, they will not be refunded and the appointment is recorded as Did Not Attend.
2. **Candidates who have applied to sit the Simulated Surgery Assessment may cancel their assessment 4 weeks prior to the assessment**. Fees paid will be held as credit against a future application to sit the same assessment. Any candidate who does not cancel their booking within the cancellation period will forfeit their assessment fee.
3. Candidates who \*cancel their appointment after the cancellation period will forfeit the assessment fee, as will candidates who fail to present themselves for their assessment.

\**Candidates who believe that circumstances beyond their control such as illness prevented them from attending, will need to write to the National Recruitment Office with a full explanation and provide evidence e.g. in the form of a medical certificate.*