

## MRCPUK Form of Faith

Family/Last Name(s):

First Name(s)

RCP Code Number

GMC Number (if registered)

Are you planning to attend a ceremony at any of the three Royal Colleges?

Yes No

Are you currently subject to any warnings, interim orders, undertakings or conditions on your practice from the GMC (or equivalent body)?

Yes No If yes, please complete the [candidate declaration form](#) on the MRCPUK website

By ticking the box below you agree to comply with the following statement:

**"I hereby faithfully promise to abide by the Laws, Bye-Laws, Statutes and Regulations of the Royal Colleges of Physicians of the United Kingdom, as they apply to Members of the respective College, as from time to time modified, amended or re-enacted and to keep myself informed of advances in medicine and I confirm that the information given on this form is true, complete and accurate and that no information requested or other material information has been omitted. I have read and understood the MRCPUK Regulations and understand that my election membership may be forfeited if any information or documentation requested is not correct or is omitted. Failure to complete this form in full will result in a delay to my election".**

Date:

### Notes for the candidate

- Following completion of all parts of the MRCPUK Examination, please ensure that this form is fully completed and returned to the College through which you passed so that award of your MRCPUK Diploma can be finalised. This applies even if you plan to attend a College ceremony.
- The last name and forename(s) on this form must correspond to those given on the application forms you completed when you originally entered the MRCPUK Examination, unless you have since changed your name by deed poll or marriage and have notified the college of entry accordingly. Any difference will lead to a delay in your election.
- If you hold registration with the General Medical Council (GMC) or have done so at any time previously you are required to enter your GMC Number on the Form of Faith.
- If you have any constraints on your practice from the General Medical Council (or any equivalent body outside of the UK), you are required to submit details of these. You are advised that failure to declare this information will result in penalties being applied as defined in the MRCPUK Regulations.
- Candidates are encouraged to submit their completed form electronically to their college of entry via the email address below. If you require any advice in this regard please contact your college of entry.

Edinburgh College	Glasgow College	London College
<a href="mailto:formoffaith@rcpe.ac.uk">formoffaith@rcpe.ac.uk</a>	<a href="mailto:formoffaith@rcpsg.ac.uk">formoffaith@rcpsg.ac.uk</a>	<a href="mailto:formoffaith@rcplondon.ac.uk">formoffaith@rcplondon.ac.uk</a>