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Primary MCQ Examination

Date of intended Exam:

Have you previously **APPLIED** for the Irish exam: No Yes If YES, College ID: _____
If you remained on a waiting list, tick No.

Date(s) of previous
ATTEMPT(S):
(Month/ Year)

College of Anaesthetists of Ireland, Dublin

Royal College of Anaesthetists, London

Surname/ Family name _____

First Name(s) _____
(as on Medical Degree)

Gender Male Female Date of birth ____/____/____ Nationality _____

Correspondence Address

Tel (work) _____ Tel (mobile) _____

Fax _____

Email _____

Date registered with IMC GMC ____/____/____ Reg. No. _____

Registration Category (please state division): _____

Postgraduate Trainee Registration Number _____ College: _____

You must be registered with the College of Anaesthetists of Ireland or the Royal College of Anaesthetists, London as a postgraduate trainee in Anaesthesia.

PLEASE TURN OVER

TRAINING DETAILS

In posts approved for the purpose by the College of Anaesthetists of Ireland or the Royal College of Anaesthetists

Current employer can verify your employment record for previous posts held.

Post _____ Hospital _____

From _____ To _____

Signature of Consultant _____

Current Hospital Stamp

Post _____ Hospital _____

From _____ To _____

Signature of Consultant _____

Post _____ Hospital _____

From _____ To _____

Signature of Consultant _____

Post _____ Hospital _____

From _____ To _____

Signature of Consultant _____

Name and Work Address of Consultant currently responsible for your training (e.g. Head of Department)

Verification by the hospital Personnel Dept is acceptable, if above-named Consultant is not available to sign the form.

Candidates who have previously appeared for this examination at this College need not submit originals a second time.

When submitting your application please ensure that you also include:

- 1 signed passport size photograph
- Relevant documentation or certified copies thereof
- Appropriate examination fee payment by Sterling/ Euro personal cheque, Euro bank draft, money order or credit card (MasterCard or Visa). **Maestro/Debit/ Laser cards and cash payments are not accepted.**

PRIMARY FCAI MCQ EXAMINATION

Credit Card Payment

Please tick: MCQ (€550.00)

Candidate's full name: _____

(as it appears on the application form)

Name of cardholder: _____
(as it appears on the card)

Card No.: |_|_|_|_| - |_|_|_|_| - |_|_|_|_| - |_|_|_|_|

Please tick: Visa MasterCard

(We cannot accept American Express/ Switch/ Laser or other debit cards at this time)

Expiry Date: ____/____ (mm/yy)

Security code (3-digit number on back of card): |_|_|_|

Do not, under any circumstance, write your pin number on this form.

Declaration (to be signed by cardholder):

I authorise the College of Anaesthetists of Ireland to charge € |_|_|_|_| Euro, **Primary MCQ** FCA exam fee to the above credit card.

Signed: _____

Date: _____

We cannot accept applications via email. Please print and send to:

Examinations Office, College of Anaesthetists of Ireland, 22 Merrion Square North, Dublin 2

Tel: 00 353 1 6614412