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| **Royal College of Psychiatrists**  **International Diploma – 2024/25 Application Form** |  |

*This form must be completed electronically, handwritten forms will not be accepted.*

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| **Applicant Eligibility Checklist** | |
|  | I hold a primary medical qualification from a [recognised medical institution](https://search.wdoms.org/). |
|  | I have at least three years’ postgraduate experience working as a psychiatrist or doctor in another relevant medical speciality e.g. general practitioners, geriatricians, family doctors, neurologists. |
|  | I hold professional registration with the regulatory body in the country that I practise. |
|  | I understand that this is a knowledge enhancement programme. |
|  | I am confident in writing, reading, listening and speaking in English and my English language proficiency is equal to [IELTS Level 6](https://takeielts.britishcouncil.org/find-out-about-results/understand-your-ielts-scores). |
|  | I understand that this diploma is not a route to employment in the UK and I would need to go through the standard process to work in the UK, through the General Medical Council. |
|  | The course will take place over one year on a part time basis. I understand that I am expected to spend approximately 3 to 4 hours a week on my studies and will be able to commit to this. |
|  | If applicable, I confirm that my employer is aware of my application and is supportive of it. |
|  | I acknowledge that the RCPsych will retain my personal data in accordance with the [Member’s Privacy Notice](https://www.rcpsych.ac.uk/about-us/legal/data-protection/members-privacy-notice). |

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| **Section 1: Applicant Information** | |
| **First Name(s)**  *(as appears in photo ID)* | Click here to enter text. |
| **Middle Name(s)**  *(as appears in photo ID)* | Click here to enter text. |
| **Last Name(s)**  *(as appears in photo ID)* | Click here to enter text. |
| **Date of Birth**  *(dd/mm/yyyy)* | Click here to enter date. |
| **RCPsych Membership Number**  *(if applicable)* | Click here to enter text. |
| **Email Address** *(work and personal)* | Click here to enter text. |
| **Telephone number**  *(including country code)* | Click here to enter text. |
| **Current Work Address** | Click here to enter text. |

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| **Section 2: Personal Statement** |
| Please provide a personal statement explaining why you would like to undertake the course.  Please discuss your motivation for applying and your ability to engage in the programme. Please include professional experience, interest in the subject, what you hope to gain from the programme and describe how completing this diploma is likely to enhance your current practice.  *(500 words maximum)* |
| Click here to enter text. |

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| **Section 3: Educational Qualifications – Undergraduate to Postgraduate** *(A scan of your primary medical qualification will need to be supplied)* | | |
| Please provide details of your Primary Medical Qualification and any postgraduate qualifications. | | |
| **Qualification** | **Medical School/Awarding Institution** | **Year Awarded** |
| Click here to enter text. | Click here to enter text. | Click here to enter date. |
| Click here to enter text. | Click here to enter text. | Click here to enter date. |

*Use the + button to add additional rows as required.*

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| **Section 4: Relevant Experience** | | | |
| Applicants are required to have at least three years’ postgraduate experience working as a psychiatrist or a doctor in another relevant medical specialty. | | | |
| **Title / Role**  *(please include specialty/sub-specialty, if applicable)* | **Institution and Address** | **Start Date**  *(dd/mm/yyyy)* | **End Date**  *(dd/mm/yyyy)* |
| Click here to enter text. | Click here to enter text. | Click here to enter date. | Click here to enter date. |
| Click here to enter text. | Click here to enter text. | Click here to enter date. | Click here to enter date. |

*Use the + button to add additional rows as required.*

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| **Section 5: Funding** | |
| **Will your employer or other sponsoring organisation be funding some, or all, of your tuition fees?** | Yes  No |
| **If yes, please provide details** | Click here to enter text. |

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| **Section 6: Application Checklist**  *I have included the following documents in my application:* | |
|  | Completed application form |
|  | Copy of current, valid photo ID (with all details clearly legible) |
|  | Copy of certificate of primary medical qualification |
|  | Evidence of professional registration |

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| **Section 7: Declaration** | |
| I confirm that the information I have provided in this application is correct | |
| **Signature**  *(digital signatures will be accepted)* | Click here to enter text. |
| **Date** | Click here to enter date. |

Once completed please return this form, along with the supporting documents requested, to [internationaldiploma@rcpsych.ac.uk](mailto:internationaldiploma@rcpsych.ac.uk).