# Application for the issue of a Certificate of FIMC Eligibility

This form is for application for the issue of a Certificate of FIMC Eligibility.

Before completing this form, please read ‘Regulations for the issue of a Certificate of FIMC Eligibility’.

All parts of this application form should be completed and submitted via email to fphc@rcsed.ac.uk or via post to:

**Faculty of Pre-Hospital Care**

RCSEd

Nicolson Street

Edinburgh

EH8 9DW

The Faculty of Pre-Hospital Care will acknowledge all applications and commence the review process. This will typically take three months.

# Personal Details

* 1. Title 1.2 Last name 1.3 First name(s)

1.4 Full address 1.5 Telephone number (*Home*)

* 1. Email address
	2. Gender 1.8 Date of birth 1.9 GMC/NMC/HCPC

# Part 2. Information for application

# Date of award of DIMC:

# Part 3. Information for application

3.1 I have prepared an electronic portfolio that complies with the regulations for the issue of a Certificate of FIMC Eligibility

#  [ ]

# Part 4. Declaration of accuracy and data sharing GDPR

* 1. I agree to the following statements:
		+ I understand that before an assessment of my application can proceed, the Faculty of Pre-Hospital Care must have received the requisite supporting evidence detailed on this application form and to the standard.
		+ I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement. I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported to the General Medical Council.
		+ I agree that the information provided by me may be processed, in accordance with the Data Protection Act GDPR, for legitimate purposes connected with my application.
	2. Name of applicant
	3. Signature of applicant and date

# *Please ensure that the appropriate fees have been paid – current fees are available from the Faculty of Pre-hospital Care website.*