

APPLICATION FORM
PLEASE COMPLETE ALL DETAILS

Please return the completed form to Rila,
Email is preferred option – admissions@rila.co.uk,
Alternatively, post to: 73 Newman Street, London W1T 3EJ

Starting Date, if applicable		Date of Application:	
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Personal Information. Please complete ALL fields:					
Title:		Gender: Male		Date of Birth:	
		Female		Age in years:	
First Name(s):					
Surname:					
Correspondence Address:					
City:		Province/State:			
Post Code:		Country:			
Tel:		Email:			

Where did you find out about this opportunity?							
Facebook		Friend Referral		Google		Other	

If you have UK GMC Registration, please enter the category of registration:			
Provisional registration		Temporary registration	
Full registration		Specialist registration	
GP registration		Registration submitted & pending	

Please enter any GMC Registration number you have been allocated here	
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If you DO NOT have a GMC registration, indicate when you shall be applying in the space below:

Academic & Professional Qualifications

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Graduation year:

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Years since qualification:

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Primary Qualification and Institution

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List here your posts since qualification

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I am EU Graduate and a non-British citizen

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**If you are an EU graduate and a British Citizen
Indicate your registration details**

Medical Council Name		Registration Number	
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I am an International (Non EU) Medical Graduate

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for International Medical Graduates IELTS or OET is required. (IMG doctors must achieve a minimum score of 7 across the 4 categories, with an overall average of 7.5 in IELTS or B in each of the 4 subsets of the OET)

IELTS**Yes**

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No

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Please enter your IELTS scores, numbers only

Listening score 0-10		Reading score 0-10	
Writing score 0-10		Speaking score 0-10	
Overall/Average score 0-10			

OET**Yes**

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No

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Please enter your OET score in each OET subset

Speaking		Listening	
Reading		Writing	

If you have PLAB, please indicate below

PLAB 1, if applicable	Yes		No	
PLAB 2, if applicable	Yes		No	

Skype ID, this will be used to communicate with you

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Indicate your primary interest

Medicine		Surgery		Medicine or Surgery	
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At what grade in the UK system do you feel your experience would be suitable for?

FY1		FY2		CT1		CT2		ST1		ST2		ST3		ST4	
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Please also attach your current and up to date CV and the photograph page of your passport with this application

Declaration

I confirm that, to the best of my knowledge, the information given in this form is correct. By completing and sending this application form you give your consent to processing your personal information provided in the application form by Rila Institute of Health Sciences, with its registered office at 73, Newman St, London W1T 3EJ, UK for the recruitment purposes. You have the right to withdraw your consent at any time by sending an email about its withdrawal to Rila Institute at the following email address: recruitment@rila.co.uk. The withdrawal of consent shall not affect the lawfulness of processing based on consent before its withdrawal.

How we use your personal information

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Contacting you and keeping you informed

We would like to keep you updated on products and services from Rila Group. Further details are available in our Privacy Policy (as detailed above).

Personal details provided by you, such as your address, e-mail address and interests will be processed and used for brand-related marketing communications and will not be shared for marketing purposes beyond this. To make this possible, methods of data analysis are used (profiling) to ensure you receive customised marketing messages (such as special offers, enrolment reminders etc). To receive this information in the formats most convenient for you,

please tick the relevant boxes below:

Email		SMS		Telephone		Post	
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If you change your mind about your marketing preferences or would like us to update/amend any of your personal data, please contact us via one of the following:

Telephone:+44 207 637 3544

Email: recruitment@rila.co.uk

Post: Rila Institute of Health Sciences, 73 Newman Street, London, W1T 3EJ

You have the right to request a copy of the personal data we hold on you and to request that we rectify or erase (where lawfully permitted) this data at any time. You may also exercise your right of data portability (should you wish to transfer your data to a third party), as well as the right to submit a complaint to us or to the Information Commissioners Office at any time.

Date:

Signature