

2024 GP Training Application Form – Part B

Document Uploads

Uploaded files must be under 3MB each in size, each upload field has specific file requirements listed. **All supporting documents must be PDF, with the exception of the passport image.**

The ICGP will process your data in accordance with our Privacy Policy, which can be viewed at [ICGP Privacy Policy](#)

Confirmation

1. I, the applicant, understand that I am personally responsible for ensuring that all submitted data and supporting documentation is accurate, legible, and uploaded to the correct section of the application form by the closing date of Wednesday 29th November @5pm. Failure to do so may result in the rejection of my application. ☐

Applicants are advised that fields with * are mandatory fields.

PERSONAL DETAILS

First Name(s)*:

Surname*:

Country of citizenship*: *Dropdown List*

For Non-EU Applicants only I confirm that I am a holder of Stamp4: *Yes/ No /In Process*

If yes, please upload Stamp4 Card (PDF file only)

Only applicants that have a Stamp4 card should select Yes

Passport or National Identity Card *(PDF file only)*: *

To confirm your citizenship, you are required to upload a scanned copy of your passport. It must be in colour, legible, and where applicable, include the passport identity page.

Photo (passport sized) *(JPEG or PNG file only)*: *

Please do not upload a copy of your passport in this section

Irish Medical Council Registration Number:

Type of Irish Medical Council Registration (Please select one):

This is a drop-down list of 'Internship Registration', 'Specialist Division', 'Trainee Division', 'General Division'

Date of **first** registration with the Irish Medical Council: DD/MM/YYYY

ELIGIBILITY REQUIREMENTS

Supporting documentation is required to prove eligibility for GP Trainee recruitment. Please review the requirements carefully and provide a copy of the appropriate supporting documentation that proves your eligibility. The ICGP will not process incomplete applications.

1. Irish Medical Council (IMC) Trainee Specialist Division Eligibility

Please confirm that you are eligible by indicating the criterion that applies to you, from the list below and upload the relevant eligibility document confirming the criterion you selected.

- A. I have graduated from an Irish Medical School & successfully **completed** internship in Ireland.
- B. I have graduated from an Irish Medical School & **will** complete internship by July 2024
- C. I am **currently registered** with the IMC in the General or Trainee Specialist Division
- D. I was **previously registered** with the IMC in the General or Trainee Specialist Division
- E. I have successfully completed Medical Qualifications in one of the EU countries stated below.
- F. I have received confirmation (email/letter) from the IMC confirming my eligibility for the trainee specialist division (*only for applicants that do not meet criteria A-E*)

If you ticked **A** or **B**, above please enter graduation date

If you ticked **A**, above please enter date internship completed

If you ticked **E**, above please select the EU country

 drop down list

If you selected **Option A**- Upload Certificate of Experience **OR** previous intern registration certificate, **Option B**- Upload current IMC certificate of registration (confirming current intern status), **Option C**- Upload Copy of current IMC registration certificate, **Option D**- Upload copy of previous IMC registration certificate, **Option E**- Upload Medical Degree from country selected, **Option F**- Upload Email/letter from IMC.

2. English Language Competency Requirements

Please confirm that you are eligible by indicating the criterion that applies to you from the list below and upload the relevant eligibility document confirming the criterion you selected.

- A I was registered with IMC prior 1st January 2015 (in any division)
- B. I completed my medical degree through English in - Ireland, UK, Australia, Canada, New Zealand or USA
- C. I completed the Irish state leaving certificate **or** A levels (UK) and Medical Degree (entirely through English)
- D. I am currently/was previously employed by HSE as medical doctor, with acceptable English language competency certificate at the time of commencing HSE employment.
- E. I am submitting International English Language Testing System Academic Test (IELTS)
- F. I am submitting Occupational English Test (OET) certificate.

If you selected **Option A**- Upload evidence of IMC registration prior 1 Jan 2015, **Option B**- Upload copy of Medical Degree from one of the countries listed, **Option C**- Upload copy of Irish leaving cert/A level, medical degree and confirmation from university that degree was taught/examined solely in English, **Option D**- IELTS (overall score of 7 and a minimum score of 6.5 in each domain) /OET (with overall grade of B and a minimum grade of B in each domain) submitted to HSE on commencement of employment plus completion of declaration below, **Option E**- Upload IELTS certificate with overall score of 7 and a minimum score of 6.5 in each domain, **Option F**- Upload OET certificate with overall grade of B and a minimum grade of B in each domain.

Applicants who selected Option D: I confirm that I am currently in employment or was previously employed by the HSE as a medical doctor and that a valid IELTS/OET test was completed and submitted to the HSE at the time of first employment. ☐

SECTION 1 – UNDERGRADUATE MEDICAL QUALIFICATIONS

University/Medical School Name & City*: *Search Field*
Name of Medical School as appears on graduation certificate/formal name

Country of Graduation*: *Dropdown List of Countries.*
If the Country where you attended medical school is not on the dropdown list, please select "Other" and type the Country name.

Other:

Date of entry to Medical School*: DD/MM/YYYY

Entry Level*: *Dropdown List of Graduate Entry or Undergraduate*

Date of graduation*: DD/MM/YYYY

I am a CAO/HEA graduate* of Irish Medical School: *Yes/ No*
A CAO/HEA Graduate is defined as a trainee who was entitled to free fees in an Irish Medical School and accessed the programme through the CAO process. Any student who was required to pay fees to access their degree is not considered a CAO/HEA Graduate.

Copy of Medical Degree* *PDF File only*

NON-MEDICAL UNDERGRADUATE DEGREE

Name of University/College:
Country of Graduation:
Year of Graduation:
Qualification:

SECOND NON-MEDICAL UNDERGRADUATE DEGREE

Name of University/College:
Country of Graduation:
Year of Graduation:
Qualification:

SECTION 2 – HOSPITAL EXPERIENCE

Please select the option that currently applies to you * (*Dropdown*)

Intern (Ireland), SHO, Registrar, Consultant, FY1/FY2 (UK), Other (Free text)

Current interns must insert their expected internship completion date: DD/MM/YYYY **and** Medical School (*Dropdown -TCD, UCD, RCSI, UL, UCC, NUIG, Other (free text)*)

I have previously completed a paid internship in Ireland*: Yes/No

If yes, please indicate date of completion: DD/MM/YYYY **and** Medical School (Dropdown -TCD, UCD, RCSI, UL, UCC, NUIG)

Please confirm the below statement(s) – Yes/No *

I confirm that I have/will have completed a minimum of 9 months paid full time (or equivalent) postgraduate acute hospital based clinical experience either as an intern or SHO at the time of starting GP training July 2024. I am aware that clinical posts must be a minimum duration of 3 months each (the only exception to this is where they are part of a structured intern programme).

Where I am now

I am currently in clinical practice*: Yes/No **If yes:**

Please confirm your current (i.e., at time of application) clinical post:

Specialty: Location: Commencement Date: DD/MM/YYYY

Please confirm (if known to you) your clinical post(s) for January 2024 - July 2024:

Specialty: Location: Commencement Date: DD/MM/YYYY

If you are not in a clinical post at present, (i.e., at the time of application), please briefly outline your current work status: *Max 50 words*

INTERN POSTS OR FOUNDATION YR1 & YR2 (UK) POSTS (MOST RECENT POSTS FIRST) * *-10 rows on the online application form*

PLEASE INCLUDE ALL INTERN POSTS YOU EXPECT TO WORK IN UP TO JULY 2023(MOST RECENT POST FIRST)

Educational Supervisor/Consultant	Start Date	Finish Date	Post Speciality	Months in Post	Hospital Name

SHO POSTS & REGISTRAR POSTS – 20 rows on the online application form

Part of BST/HST Programme YES/NO	Educational Supervisor/Consultant	Start Date	Finish Date	Post Speciality	Months in Post	Hospital Name	Grade SHO/REG/SPR/Consultant/GPP*

UK APPLICANTS

Copy of Foundation Yr 1 Certificate (UK applicants only) *(PDF files only)*:

Copy of Foundation Yr 2 Certificate (UK applicants only) *(PDF files only)*:

FY2 applicants are advised that the commencement date for GP Training 2024 is 8th July. If successful, delayed starts are not considered

BST APPLICANTS*

Are you currently undertaking OR have you completed an Irish OR international equivalent BST Programme:
Yes No

If yes, please Name Programme:

Date of Entry: DD/MM/YYYY

Date of Completion (or expected date of completion): DD/MM/YYYY

GAPS IN TRAINING/CAREER -

Date From (DD/MM/YYYY): Date To (DD/MM/YYYY): Date From (DD/MM/YYYY): Date To (DD/MM/YYYY):

Date From (DD/MM/YYYY): Date To (DD/MM/YYYY): Date From (DD/MM/YYYY): Date To (DD/MM/YYYY):

ADDITIONAL INFORMATION REGARDING GAPS:

SECTION 3: POSTGRADUATE EDUCATION – HIGHER QUALIFICATIONS.

Membership of College of Physicians (Ireland or EU): *(drop down including 'Part 1 Only' and 'All Parts')*

If yes, please state country and year obtained:

Upload evidence of Part 1 or Membership of College of Physicians (Ireland or EU) *(PDF files only)*

Member of Equivalent College outside EU: *(drop down including 'Part 1 Only' and 'All Parts')*

If yes, please state country and year obtained:

Upload evidence of Part 1 or Membership of Equivalent College (PDF files only)

Fellowship of Royal College of Surgeons: (drop down including 'Part 1 Only' and 'All Parts')

If yes, please state year obtained:

Upload evidence of Part 1 or Fellowship of the Royal College of Surgeons (FRCS) (PDF files only)

Fellowship Royal College of Emergency Medicine: (drop down including 'Part 1 Only' and 'All Parts')

If yes, please state year obtained.

Upload evidence of Part 1 or Fellowship of Royal College of Emergency Medicine (FRCER) (PDF files only)

Other relevant medical Postgraduate Qualifications (Fellowships & Memberships only) – **do not include diploma or certificate qualifications**

- Title of Examination x3

Year Obtained

Qualification (drop down including 'Part 1 Only' and 'All Parts') Upload qualification (PDF files only):

Ph.D.:

If yes, please state subject, year obtained and university:

Ph.D. (PDF files only)

Upload your Ph.D.

SECTION 4: RESEARCH ACHIEVEMENT

Full Title:

Journal, page, and year:

Please provide D.O.I:

SECTION 5: PERSONAL DEVELOPMENT

Please describe your personal experiences and achievements which you feel are relevant to a future career in General Practice

Personal Development:

Max 100 words

SECTION 6 - RECOGNITION OF PRIOR LEARNING (RPL)

Recognition of Prior Learning option is open to applicants who do/will meet and can provide evidence of all the criteria outlined below, by commencement date (8th July 2024).

I confirm that I do/will meet all the requirements for RPL and wish for my application to be considered for RPL: I wish to apply for RPL in:

Drop down options Medicine or Paediatrics or Emergency Medicine

1. I have/will have obtained CSCST from the Royal College of Physician Ireland OR successfully completed Core Specialist Training in Emergency Medicine with the Royal College of Surgeons: *Yes No*

Please upload CSCST OR CSTEM *(PDF files only)*

Date CSCST OR CSTEM obtained:

2. I have/will have successfully completed MRCPI examinations (Part I and Part II - Written & Clinical) OR FRCEM Primary & Intermediate examination : MRCEM Primary, MRCEM SBA & MRCEM OSCE
Yes No

Please upload transcript of MRCPI examinations (Part I & Part II - Written & Clinical) OR confirmation of MRCEM Primary, MRCEM SBA & MRCEM OSCE *(PDF files only)*

RPL application does not automatically confer eligibility for the right to either RPL or a place on a GP training scheme.

RPL offers will be made on the basis of training schemes, ability to accommodate RPL and candidate rank. All RPL decisions are final and are not open to appeal.

Applicants that possess higher specialist medical training including CSCST and examination in Medicine Paediatrics or Emergency Medicine from any other jurisdiction, which has been accepted as equivalent by the RCPI/RCSI, and as such is registerable by the Medical Council of Ireland, please submit the documentation which may be considered.

REFEREES*

To download the BST reference form and review guidance on references [click here](#)

Name (Present/Most recent supervising consultant) – details of two references are required:

Title:

Clinical site:

Clinical site address:

Phone:

E-mail:

DECLARATIONS* APPLICANTS are required to indicate True or False to declarations 3, 4 and 5 and provide additional information where appropriate.

DECLARATION ONE - ICGP PERSON SPECIFICATION

I confirm that I have read and understand the entry criteria as listed in the person specification of the ICGP for GP Trainee recruitment 2024 [Person Specification](#)

I declare that my present experience makes me eligible to commence training with respect to the entry criteria listed therein and satisfy the requirements of the Irish Medical Council for registration onto the trainee specialist register. This is a mandatory tick box section

Please confirm:

DECLARATION TWO- DRIVING LICENSE

There is a work requirement in this role to attend patients/duties/attend day release at locations other than the main location of work.

I declare that if, for any reason, and at any time during my General Practice Training, I do not possess a full **Irish/EEA drivers'** licence and do not have access to a vehicle for work purposes I agree to provide a vehicle, or vehicle and driver, at my own expense so that I may continue to fulfil the above requirement.

Please confirm:

DECLARATION THREE- GARDA/POLICE

I declare that I have not at any time been convicted (i.e., probation, fine, sentence, penalty) of a criminal offence (e.g., assault, public order, sexual assault) in the Republic of Ireland and/or in any other jurisdiction nor are there any charges relating to criminal offences outstanding or pending. I have never been the subject of a Caution or Bound over order. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Please confirm: *True/ False*

*If you have indicated **False** to the above declaration, please complete the form in the link below and upload here.*

Date: DD/MM/YYYY Declaration 3 *(PDF files only)*:

DECLARATION FOUR - TRAINING ORGANISATION / SCHEME

I declare that I currently am not, nor was I, the subject of an investigation by any professional medical training body or its equivalent in the Republic of Ireland and/or in any other jurisdiction. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void

Please confirm: *True /False*

If you have indicated False to the above declaration, please complete the form in the link below and upload here.

Date: DD/MM/YYYY Declaration 4 *(PDF files only)*:

DECLARATION FIVE- MEDICAL COUNCIL/LICENSING BODY

I declare that I am not, nor have I been the subject of any investigation by a medical registration or licensing body or authority in any jurisdiction with regard to my medical practice or conduct as a practitioner. I have not been suspended from registration, nor had any restrictions on practice nor had my registration or license cancelled or revoked by any medical registration or licensing body or authority in any jurisdiction nor am I the subject of any current suspension or any restrictions on practice. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Please confirm: *True /False*

If you have indicated False to the above declaration, please complete the form in the link below and upload here.

Date: DD/MM/YYYY Declaration 5 *(PDF files only)*:

Link to download the declaration documents- [Declaration Documents](#)

Summary of full Application

Finalise Submission