



2021 GP Training Application Form

Contact Details

I confirm that my contact information is correct

Applicant Name

Applicant Email Address

Applicant Postal Address

The HSE and the ICGP are currently engaged in discussions regarding potential changes to the structure of GP Training. Changes to the administration and infrastructure around training are anticipated. The ICGP is resolved to keep all participating in GP training, including current applicants, appropriately informed of proposed changes throughout this process.

Step 1

To complete step 1, you will need to pay an [application fee of €100](#). Please have a debit or credit card ready.

Before you proceed you should read the [Guide to Applicants 2021](#)

Please ensure that you have read and fully understand the terms & conditions of application for GP Trainee recruitment 2021*

I understand the Terms & Conditions of application

I understand that the registration fee is refunded to successful applicants that commence gp training in July 2021*

Next Step

Choose preferred payment option – Visa or MasterCard

Enter card details and click FINALISE BOOKING.

Click Continue to Step 2 and you be automatically brought to Step 2.

Step 2

PLEASE ONLY SELECT SCHEMES THAT YOU WOULD ACCEPT IF A PLACE WAS OFFERED.

Please select the training schemes in order of preference. It is not mandatory to select all 14 schemes.

Drag & drop to re-order your selection. **Your first preference should be at the top.**

De-select a training scheme by moving it back into “Available Schemes”.

Following the interviews you will be informed of your rank (by decile) and also of the number of training places available in each scheme, and will be given an opportunity to change your scheme preferences.

Applicants must ensure that the supporting documentation being provided with the application are complete and correct.

Marks will be awarded for full completion and submission of all required supporting documentation to the required standard by 12th November @5pm.

The RPL section must only be completed by applicants that wish to be considered for RPL and that meet all RPL requirements.

When you are ready, click Next Step.

Drag schemes to the “Selected Preference box to select them

Available Schemes		Selected Preference
Ballinasloe Specialist Training Scheme in GP	Donegal Specialist Training Scheme in GP	<p>You can add up to 13 more schemes.</p> <p>1. Cork Specialist Training Scheme in General Practice</p>
HSE Dublin Mid Leinster Specialist Training Scheme in GP (UCD Based)	HSE South East Training scheme in GP	
Mid Leinster Specialist Training Scheme in GP	Mid-West (UL) Specialist Training Scheme in GP	
North Dublin City General Practice Training Scheme	North Eastern Regional Specialist Training Scheme	
RSCI/Dublin North East General Practice Training Scheme	Sligo Specialist Training Scheme in General Practice	
South West Specialist Training Scheme in General Practice	TCD/HSE Specialist Training Scheme in General Practice	
Western Training Scheme in General Practice		

Next Step ➡

Step 3**Document Uploads**

Uploaded files must be under 3MB each in size, each upload field has specific file requirements lists. 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 12th November 2020 (5pm). Failure to do so may result in the rejection of my application. **I understand that marks are awarded for submission of a fully completed application (including all required supporting documentation) by the agreed closing date.**

Applicants are advised that field with * are mandatory fields.

PERSONAL DETAILS

First Name(s)*:

Surname*:

Please state country of citizenship: *Dropdown List*

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. * (PDF files only)*

Please note: You will be asked to produce this at interview stage to confirm your identification.

Official Passport Photo (**JPEG or PNG file only**):

Irish Medical Council Registration Number:

If you do not have an Irish Medical Council Registration Number because your application is pending review/approval, please enter your Irish Medical Council Reference Number in the field below

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 Registration with the Irish Medical Council (DD/MM/YYYY):

Pending eligibility to be registered in the Trainee Specialist Division of the Irish Medical Council: *Yes/No*

Irish Medical Council Reference Number:

This is the number the Irish Medical Council will have issued you while your application is pending review/approval. If you do not have an Irish Medical Council Reference Number, please leave this section blank

Next Step 

Step 4

This section will not apply to all applicants. If it does not apply to you please click **Next Step**.

I confirm that I am a holder of Stamp4 EU Family Residence: *Yes No*

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

I confirm that I am a holder of Stamp4 by virtue of Marriage *Yes No*

The following documents are required as evidence of Stamp4 by virtue of marriage

Stamp4 card of applicant *(PDF file only)*

Marriage certificate *(PDF file only)*

Passport of spouse *(PDF file only)*

Next Step ⇒

Step 5

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.

Please select appropriate criteria*

- 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 202
- C. I have successfully completed Medical Qualifications in one of the EU countries stated below
- D. I am currently/was previously on the Trainee Specialist Division of the IM
- E. I have received email confirmation from the IMC confirming my eligibility for the trainee specialist division

If you ticked A, B, or C please enter graduation date

If you ticked A, above please enter date internship completed

If you ticked C above please select the EU country *drop down list*

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

Please select appropriate criteria*

- A. Completed entirety of under-graduate medical training in the Republic of Ireland
- B. Completed medical degree in UK, Australia, Canada, New Zealand or USA
- C. Registered with IMC prior 1st January 2015 (in any division)
- D. Submitting International English Language Testing System Academic Test (IELTS)
- E. Submitting Occupational English Test (OET) certificate
- F. Continuous employment as medical doctor (with no break in service) within the HSE >2 years, with acceptable English language competency certification at the time of commencing HSE employment*

If you selected **Option A**- Upload Copy of Primary Medical Qualification (PMQ) in Ireland, **Option B**-Upload copy of PMQ from one of the countries listed, **Option C**-Upload Evidence of IMC registration prior 1 Jan 2015, **Option D**-Upload IELTS certificate, **Option E**-OET certificate, **Option F**- English language certificate submitted to HSE at commencement of employment & completion of the declaration below *

Applicants that selected Option F: I confirm that I have been in **continuous employment** (with no break in service) within the HSE as a medical doctor for more than 2 years (from the time of this application) and that the HSE accepted my English language competency certificate at the time of my employment

Next Step ➡

Step 6

SECTION 1 – UNDERGRADUATE MEDICAL QUALIFICATIONS

University/Medical School Name & City*:

Name of Medical School as appears on graduation certificate/formal name

Country of Graduation*:

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.

Primary medical qualification*:

Copy of Medical Degree* *PDF File only*

Transcript of exam results* *PDF files only*

NON-MEDICAL UNDERGRADUATE DEGREE

Name of University/College:

Country of Graduation:

Date of Entry to University/College:

Year of Exit:

Qualification:

SECOND NON-MEDICAL UNDERGRADUATE DEGREE

Name of University/College:

Country of Graduation:

Date of Entry to University/College:

Year of Exit:

Qualification:

Next Step →

Step 7

SECTION 2 – HOSPITAL EXPERIENCE

All Clinical Posts since graduation up until July 2021 must be declared –**MOST RECENT POST FIRST**

Please confirm the statement below* 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 2021. 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)

Please select the option that currently applies to you - (drop down list including 'Intern Direct', 'Intern Graduate Entry', 'SHO', 'Registrar', 'Other')

If other, please outline - (free text field)

INTERN POSTS OR FOUNDATION YR1 & YR2 (UK) POSTS

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

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 2021 is 12th July. If successful, delayed starts are not considered

Next Step ➡

Step 8

All Clinical Posts **since graduation up until July 2021** must be declared –**MOST RECENT POST FIRST**

SHO POSTS & REGISTRAR POSTS

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:

Date of Completion (or expected date of completion):

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

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

If you wish to provide any extra information to assist the shortlisters in reviewing overall career progression to date, please use the free text box (Max 80 words):

Next Step 

Step 9

SECTION 3: POSTGRADUATE EDUCATION – HIGHER QUALIFICATIONS

Membership of College of Physicians (Ireland or EU): *(drop down including 'Part 1' and 'Part 1 & 2')*

If yes, please state country and year obtained:

Upload evidence of Part 1 or Membership of College of Physicians (Ireland or EU) Part 1 & 2 **(PDF files only)**

Member of Equivalent College outside EU: *(drop down including 'Part 1' and 'Part 1 & 2')*

If yes, please state country and year obtained:

Upload evidence **(PDF files only)**

Fellowship of Royal College of Surgeons:

If yes, please state year obtained:

Upload Fellowship of the Royal College of Surgeons (FRCS) **(PDF files only)**

Fellowship Royal College of Emergency Medicine

Is yes, please state year obtained.

Upload Fellowship of Royal College of Emergency Medicine (FRCEM) **(PDF files only)**

Other Relevant Qualifications (i.e. Fellowships & Memberships) – *do not include diploma or certificate qualifications*

- **Title of Examination**
Year Obtained
Qualification *(drop down including 'Part 1' and 'Part 1 & 2')*
Upload qualification **(PDF files only):**
- **Title of Examination**
Year Obtained
Qualification *(drop down including 'Part 1' and 'Part 1 & 2')*
Upload qualification **(PDF files only):**
- **Title of Examination**
Year Obtained
Qualification *(drop down including 'Part 1' and 'Part 1 & 2')*
Upload qualification **(PDF files only):**

Ph.D.:

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

Ph.D. **(PDF files only)**

Upload your Ph.D.

Next Step ➡

Step 10

SECTION 4: RESEARCH ACHIEVEMENT

As part of an overall review of the applicant’s career progression, marks will be awarded for **full length peer reviewed published research paper** on which the applicant is listed as an author. Appropriate supporting evidence must be uploaded with the application. *Abstracts, conference papers, presentations or posters are not eligible.*

Please give details of your most recent publication (if any)

Full Title:

Journal, page and year:

Upload a PDF copy of Publication

Next Step ➡

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

Next Step ➡

Step 11

SECTION 6 - RECOGNITION OF PRIOR LEARNING (RPL)

Please note that Recognition of Prior Learning option is only open to applicants who meet and can provide evidence of (at application stage) all the criteria outlined below. Applications that do not meet all of the criteria will not be assessed.

I confirm that I 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 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 successfully completed MRCPI examinations (Part I and Part II - Written & Clinical) **OR** FRCEM Primary & Intermediate examination: *Yes No*

Please upload transcript of MRCPI examinations (Part I & Part II - Written & Clinical) **OR** Transcripts of FRCEM examination (Primary and Intermediate examinations) *(PDF files only)*

RPL application does not automatically confer eligibility for ta right to either RPL or a place on a GP training scheme nor will it have an effect on your scheme preference already submitted. RPL offers will be made on the basis of training schemes ability to accommodate RPL and on candidate rank.

All RPL decision are final and are not open to appeal.

Next Step ➡

Step 12

REFEREES

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

Name (Present/Most recent supervising consultant):

Title:

Clinical site:

Clinical site address:

Phone:

Fax:

E-mail:

REFEREE NUMBER TWO

Name (Consultant with whom you have worked in last three years):

Title:

Clinical site:

Clinical site address:

Phone:

Fax:

E-mail:

DECLARATIONS

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 2021 [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 - 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 the above: *True False*

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

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

Date (DD/MM/YYYY):

Declaration 2 *(PDF files only):*

DECLARATION THREE - 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 the above: *True False*

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

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

Date (DD/MM/YYYY):

Declaration 3 *(PDF files only):*

DECLARATION FOUR - 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 or 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 the above: *True False*

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

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

Date (DD/MM/YYYY):

Declaration 4 *(PDF files only):*

Next Step ➡

Summary of full Application

Finalise Submission