

## FSRH

The Faculty of Sexual and Reproductive Healthcare  
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### Application for the Diplomate Assessment of the Faculty of Sexual and Reproductive Healthcare (DFSRH) or the Nurse Diplomate Assessment of the Faculty of Sexual and Reproductive Healthcare (NDFSRH) (2016)

The Faculty of Sexual and Reproductive Healthcare would like to bring it to your attention that use of this qualification is conditional on continued yearly subscription to the FSRH.

TITLE (Professor/Doctor/Mr/Mrs/Miss/Ms)

SURNAME

OTHER NAMES

DATE OF BIRTH

QUALIFICATIONS

Current UK GMC or NMC registration number

ADDRESS (to which correspondence will be sent)

Postcode

Contact telephone

Email

Primary clinical role (please tick (✓) the relevant two boxes):

#### Primary Role (Please tick one box)

Doctor	
GP	<input type="checkbox"/>
Consultant	<input type="checkbox"/>
SAS	<input type="checkbox"/>
Training Grade	<input type="checkbox"/>
Other	<input type="checkbox"/>

Nurse	
SRH Nurse	<input type="checkbox"/>
Practice Nurse	<input type="checkbox"/>
School Nurse	<input type="checkbox"/>
Other	<input type="checkbox"/>

#### Primary Location (Please tick one box)

SRH (Family Planning/ Contraception)	<input type="checkbox"/>
General Practice	<input type="checkbox"/>
GUM	<input type="checkbox"/>
Integrated SRH/GUM	<input type="checkbox"/>
Obstetrics and Gynaecology	<input type="checkbox"/>
Public Health	<input type="checkbox"/>
Other	<input type="checkbox"/>

I hereby apply for the Diplomate Assessment of the Faculty of Sexual and Reproductive Healthcare (DFSRH) or Nurse Diplomate Assessment of the Faculty of Sexual and Reproductive Healthcare (NDFSRH) having completed the required training syllabus, and enclose my cheque\* (for the correct fee at time of application see below) made payable to the "Faculty of Sexual and Reproductive Healthcare".

I promise to abide by the Memorandum and Articles of Association and the By-laws and Regulations of the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists as they apply to Diplomates or Nurse Diplomates of the FSRH.

The Data Protection Act (1998) requires organisations or agencies collecting personal data on individuals to gain their consent before collecting, storing, publishing or analysing their data. By completing and signing this application form you are giving your consent for your data to be stored on databases used by the Faculty of Sexual and Reproductive Healthcare (FSRH) of the RCOG for the purposes of administering its membership database. All data will be treated with the strictest confidence and will only be used for legitimate FSRH purposes.

SIGNED ..... DATED .....

### 2016 application fee:

Month of Registration with Faculty:	Registration Fee	Subscription Fee	TOTAL TO BE PAID
January – June	£80	£97.00	£177.00
July – November	£80	£49.00	£129.00
<b>No run in December</b>			

### Certificate awards:

Applications are approved on the last working day of the month in which they are received or to which payment relates. Provided your experience and assessments meet the requirements, you can expect to receive confirmation of the award approximately ten working days thereafter.

### Checklist:

- Enclose the 'Final Summative Assessment' form (see the section 'Clinical Experience Forms' in your e-portfolio)
- Enclose a copy of current UK GMC/NMC registration
- Enclose the fee (by cheque made payable to the "FSRH" or by bank transfer\*)
- Have completed the on line evaluation of the Course of 5 - [Course of 5 Evaluation Form](#)
- Have completed the on line evaluation for the Clinical Experience & Assessments – [Clinical Evaluation Form](#)

**[\\*Please click here for information on payment by bank transfer](#)**

*Payment by bank transfer:*

Please indicate date payment made \_\_\_\_\_

Name of payee \_\_\_\_\_

Reference provided (name of applicant and GMC/NMC preferred)

\_\_\_\_\_

This information is required in order to match your payment and application.

When applying for a Letter of Competence (LoC) at the same time as the FSRH Diploma, please state 'applied for' on the application where the Diploma number is requested and submit the LoC application/s along with the member rate LoC fee.

***Please retain a copy for your records should this be required.***