**FORM AP1**

MRCGP

**Request for review of examination result - Stage 1 (AKT/SCA)**

Before completing this form, please refer to the Examination Appeals Policy and Procedure which can be found on the RCGP website.

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| Name of trainee |  | | |
| GMC number |  | | |
| Date component sat.  *A separate request must be made for each component* | AKT | SCA | |
| Reason for review of examination result – please indicate below why you are requesting a review of your examination result. | | | |
| Supporting evidence – please provide an overview of the supporting evidence submitted. | | | |
| Signed by trainee |  | | Date |
| Date of bank transfer of fee |  | | |
| Date received by RCGP |  | | |

Please return your completed form to [exams@rcgp.org.uk](mailto:exams@rcgp.org.uk)