**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