MRCGP Clinical Skills Assessment: video recordings, non-disclosure and confidentiality

You are required to confirm your acceptance of the conditions below

• Video recordings

I understand that any or all of the recordings of the cases in my examination may be retained for quality control and security purposes and that these will not be routinely retained beyond the end of the current CSA session.

• Non-disclosure undertaking and general terms of use of the assessment materials developed by the Royal College of General Practitioners:

All the material used in this assessment is confidential.

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Declaration of acceptance of non-disclosure: In attending the CSA today I agree to be bound by the above terms and conditions regarding non-disclosure, and understand that failure to do so may result in disciplinary action including possible referral to the General Medical Council.

Signed: ____________________________________________________________

Name (in capitals please): _____________________________________________

Date: __________________________________________________________________

DECLARATION OF FITNESS TO SIT OVERLEAF

06.2018
You are required to confirm your acceptance of the conditions below

- Declaring that you are fit to sit the CSA today:

The RCGP expects those who believe that their performance is likely to be affected by mitigating circumstances such as illness or personal difficulties arising before an assessment to withdraw from that sitting and re-sit at a later date.

By presenting yourself for the CSA today and by accepting the terms on this page you are thereby declaring yourself fit to sit the exam.

For the avoidance of doubt this does not prevent you from asking for consideration of mitigating or extenuating circumstances arising during the assessment which you believe have materially and adversely affected your performance.

Declaration of fitness to sit: In attending the CSA today I confirm that there are no reasons why I should not take this assessment or why I might subsequently report mitigating circumstances that would have a material and detrimental effect on my performance.

Signed: __________________________________________

Name (in capitals please): __________________________________________

Date: __________________________________________

- Use of electronic devices

Use of electronic devices - phones, tablets, laptops, audio devices, watches, etc., is forbidden in the examination centre. These devices must be switched off at all times and handed in at the examination reception desk for subsequent return at the conclusion of the examination.

I have submitted my electronic device(s) - please tick box to confirm ☐

06.2018