



## IMPORTANT NOTICE ABOUT PRES LEVEL 3 APPLICATION

PLEASE READ THE FOLLOWING INSTRUCTIONS  
BEFORE CAREFULLY COMPLETING THE APPLICATION FORM ON PAGE 3

### **How to complete the PRES Level 3 application form:**

1. All candidates who are eligible and who wish to sit the PRES Level 3 must personally complete Sections 1, 2, 3 and 4 of the Application form and return it to the Medical Council. **Candidates must have passed PRES Level 2 before they can apply for the PRES Level 3.**

*Section 1 - Applicant Details* - Candidates must complete this section in BLOCK CAPITALS.

*Section 2 - PRES Level 3 date/venue* - Candidates should number the date/venues of PRES Level 3 examinations in order of preference (e.g. 1, 2, 3).

Allocations are made strictly on a first-come-first-served basis on receipt of fully completed application forms AND confirmation of payment being accepted. If your complete PRES Level 3 application is received after allocations for a PRES Level 3 examination date/venue have been made, you may be allocated a place in the list for your second preference or placed on a standby list.

Section 3 – Declaration - Candidates are asked to tick each box confirming their understanding of completion of the Application form/Examination procedures and then personally sign the declaration. Forms completed/signed by third parties will be rejected.

*Section 4 - Payment of €815 for PRES Level 3* - The application fee of €815, which should be made payable to the Medical Council, by way of bank draft, postal order or credit/debit card payment **MUST** be attached/enclosed with your PRES Level 3 Application Form.

> By Bank Draft (*Please quote your Reference number on the back of your bank draft*).

Bank drafts are acceptable provided:

- they are in Euro and are payable at an Irish bank in Ireland. (If they are in Euro but payable at a foreign bank these will be returned as they will incur bank charges which differ from day to day.) OR
- they are acceptable in Sterling payable at a British bank in the United Kingdom. OR
- they are acceptable in U.S. dollars payable at an American bank in the United States of America.

> By Postal order (*Please quote your Reference number on the back of your*

*postal order*). > By Visa or MasterCard

Please ensure that the following information is given: Cardholder's name, credit card number, expiry date, amount of money payable, CVV on back of card. A fee of 2.02% will apply to all Visa and MasterCard payments.

*Please Note: In the event of a third party paying the fees for the PRES Level 3 on a candidate's behalf, and the fees being refunded, the candidate will be issued with the refund and not the third party.*

*Section 4 – Declaration* - Candidates are asked to tick each box confirming their understanding of completion of the Application form/Examination procedures and then personally sign the declaration. Forms completed/signed by third parties will be rejected.



Candidates are advised to read, note and understand the most up-to-date version of the following documentation prior to completing the PRES Level 3 application form:

This the Important Notice about PRES Level 3 Application,  
[Pre-Registration Examination Handbook](#),  
[Guide to the Application Procedure and Registration Rules for Registration in the Trainee Specialist, Specialist or General Divisions of the Register of Medical Practitioners](#),  
[Guide to Professional Conduct and Ethics for Registered Medical Practitioners](#).

2. Completed PRES Level 3 application forms with attached/enclosed payment should be returned to the Medical Council either:

by **scanning and email to:** [pres@mcirl.ie](mailto:pres@mcirl.ie) with the subject heading of *PRES Level 3 Application form* followed by your Medical Council Reference Number.

or

by **post** addressed to: *PRES Level 3 Examination, Examinations Section, Medical Council, Kingram House, Kingram Place, Dublin 2, Ireland*

or

by **fax** to: 00353-1-4983102

3. The **closing date** for return of completed PRES Level 3 application forms, with the fee attached/enclosed, is **Friday 15th September 2017 at 17:00**

This deadline is strictly enforced and no extensions can be given. Please be aware that allocations are made strictly on a first-come-first-served basis on receipt of a fully completed application form and on confirmation of payment being accepted and places may book up before the closing date.

**Please read and note the following:**

4. When an application is received, it is reviewed before being sent to the Finance Department for the payment to be processed. Once received back from the Finance Department the candidate will receive a confirmation email.

5. **The confirmation of a place usually takes 10 working days.** *Please refrain from telephoning, emailing or attending the Medical Council regarding confirmation of receipt of application/confirmation of a place in the examination as this will delay processing the PRES Level 3 applications.* **You will be notified by email.**

6. Further correspondence will be sent you in due course regarding the examination details i.e. examination venue information, withdrawal form, or other important notifications.

2. If you are allocated a place but are unable to attend, the fee of €815 (less service fee of €65) will be forfeited unless the Medical Council receives prior notification on or before **17.00 on Friday 29<sup>th</sup> September 2017**. Deadline for withdrawal from the exam is **17.00 on Friday 29<sup>th</sup> September 2017**. **This is strictly enforced.**

7. Medical Council reserves the right not to hold an examination at the listed date/venue if there are insufficient candidate numbers or if there are circumstances beyond our control. Candidates will be moved to the next available examination date/venue.

8. **The Medical Council is unable to assist doctors with visa applications.** The Irish Naturalisation and Immigration Service (INIS) has further details in relation to visa applications and requirements on their website [www.inis.gov.ie](http://www.inis.gov.ie). INIS recommend that candidates should allow as much time as possible when applying for a visa and a minimum time of 8 weeks is recommended. The onus is on you the candidate, to allow enough time to complete all necessary processes to enable you to sit the PRES Level 3.

**IF YOU WISH TO SIT THE PRES LEVEL 3, PLEASE READ THE IMPORTANT NOTICE AND FOLLOW THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS PRES LEVEL 3 APPLICATION FORM.**

Name:

**Medical Council Reference No:****SECTION 1 – APPLICANT DETAILS (complete in Block Capitals):**

Address:	<input type="text"/>	Telephone No: (landline)	<input type="text"/>
	<input type="text"/>	Telephone No: (mobile)	<input type="text"/>
	<input type="text"/>	Date of Birth:	<input type="text" value="D D M M Y Y Y Y"/>
	<input type="text"/>	Passport Number:	<input type="text"/>
	<input type="text"/>	Passport Expiry date:	<input type="text" value="D D M M Y Y Y Y"/>

**SECTION 2 – PRES LEVEL 3 DATE/VENUE**

**Please number the date/venues of PRES Level 3 examinations in order of preference (e.g. 1, 2, 3, etc).**

**Dublin**

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**Friday, 13<sup>th</sup> October 2015**  
**(17/03/13)**

*Closing date: Friday 15<sup>th</sup> September 2017*  
*at 17.00*

*Please note: Places may be filled before*  
*the closing date.*


**Limerick**

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**Wednesday, 18<sup>th</sup> October 2017**  
**(17/04/L3)**

*Closing date: Friday 15<sup>th</sup> September 2017*  
*at 17.00*

*Please note: Places may be filled before*  
*the closing date.*

  
**Galway**  
o n  
**Saturday, 4<sup>th</sup> November 2017**  
**(17/05/L3)**  

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*Closing date: Friday 15<sup>th</sup> September 2017*  
*at 17.00*  
  
*Please note: Places may be filled before*  
*the closing date.*

**SECTION 3 – DECLARATION (Please tick ( ) each box confirming your understanding of A-E below and sign the declaration)**

- ☐ A I am eligible to apply for and wish to sit the PRES Level 3.
- ☐ B I confirm that I have read, noted and understood the Important Notice about PRES Level 3 Application, the Guide to Registration, the Pre-Registration Handbook and the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.
- ☐ C I have completed this application form and attach/enclose my Level 3 fee of €815.
- ☐ D I am aware that allocations are made strictly in priority order on a first-come-first-served basis on receipt of fully completed application forms AND payment going through. I am aware that if my complete PRES Level 3 application is received after allocations for the PRES Level 3 have been made, I may be allocated a place in the list for my second or subsequent preference or placed on a standby list.
- ☐ E I understand that I risk not being accepted a PRES Level 3 place, if my application form is not fully completed or is illegible, or if my payment does not go through.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SECTION 4 - PAYMENT OF €815 FOR LEVEL 3:

**Medical Council Reference No:**

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Please indicate what payment method you wish to use to pay the sum of €815.

	CreditCard
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	DebitCard
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	Postal order
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	Bank Draft
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**If paying by Credit, Debit or Laser card, please complete the following:**

Please debit my VISA 0/ MasterCard 0/ Visa Debit Card 0 (please tick one box only) for the sum of

[illegible]

Expiry Date	M	M	Y	Y		
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CWNumber (last 3 digits on back of credit card)			
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Name of card holder:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Note: In the event of a third party paying the fees for the PRES Level 3 on a candidate's behalf, and the fees being refunded, the candidate will be issued with the refund and not the third party.*