



THIS FORM MUST BE COMPLETED BY CANDIDATES IF THEY WISH TO WITHDRAW THEIR PLACE FROM THE AUTUMN 2017 PRES LEVEL 3, THAT THEY HAVE ALREADY ACCEPTED.

Candidates must complete all Sections in BLOCK CAPITALS and personally sign this form.

Name: _____ **Medical Council Reference No:** _____

SECTION A – APPLICANT DETAILS (complete in Block Capitals):

Address: _____	Telephone No: (landline) _____
_____	Telephone No: (mobile) _____
_____	Date of Birth: _____ D D M M Y Y Y Y
_____	Passport Number: _____
_____	Passport Expiry date: _____ D D M M Y Y Y Y
E-mail address: _____	

SECTION B – REASONS

I wish to withdraw from the PRES Level 3 being held on _____ in _____.

The reason I am withdrawing from this PRES Level 3 is due to: _____

SECTION C – PRES LEVEL 3 WITHDRAWAL FEES:

Please indicate (by ticking the appropriate box) the method you used to pay for the PRES Level 3:

<input type="checkbox"/>	Bank draft	<input type="checkbox"/>	Postal Order	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Debit Card
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Withdrawing prior to the closing date of examination (15th September 2017) — Full refund (less cancellation charge of €65)

Withdrawing after the closing date of examination (29th September 2017) — No refund

Please Note: In the event of a third party having paid the fees for the Level 3 on your behalf, and the fees being refunded, you will be issued with the refund and not the third party.

SECTION D – DECLARATION (Please tick (☐) each box confirming your understanding of i-iv below and sign the declaration)

- ☐ i I confirm that I wish to withdraw from this Medical Council PRES Level 3.
- ☐ ii I understand that if I withdraw from the PRES Level 3 prior to the closing date of examination (15th September 2017), I will receive a full refund (less cancellation charge of €65).
- ☐ iii I understand that if I withdraw from the PRES Level 3 after the closing date of examination (29th September 2017), I will not receive any refund.
- ☐ iv I understand that that the fee cannot be transferred to another PRES Level 3.

Signature: _____ **Date:** _____

Completed PRES Level 3 Autumn 2017 Withdrawal forms should then be returned to the Medical Council **either:**

- ☐ by **scanning** and **email** to: pres@mcirl.ie with the subject heading of *Withdrawal from PRES Level 3 followed by your Medical Council Reference Number*
- or
- ☐ by **post** addressed to: *PRES Level 3, Examinations Section, Medical Council, Kingram House, Kingram Place, Dublin 2, Ireland*

You will receive confirmation of your withdrawal from the PRES Level 3 after it has been processed.