**Section D – Conferral and Centile Confirmation Date Form**

**(Applicants from Medical Schools outside the Republic of Ireland only: Confirmation of dates when Centile will be available and date of conferral of Medical Degree for applicants who are graduates or are due to graduate in 2024**

For completion in English and signature by the Dean/Head of the Medical School only.

All applicants who have graduated or are expected to graduate in summer 2024 from Medical Schools outside the Republic of Ireland must scan and submit this signed and stamped page with their online application by **5pm on Tuesday, 7th November 2023 (GMT).**

It is the responsibility of the applicant to inform themselves of any deadlines that Medical Schools may have for the submission of documentation requiring signature and stamping/sealing in order to avoid any delays in the submission of a completed application.

**Failure to complete this form in full and failure to submit this form by the deadline specified above will render the application incomplete and the application will not be processed further.**

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| **Applicant’s Details:** |
| First Name: |  |
| Middle Name: |  |
| Last Name/Surname/Family Name: |  |
| Name of Medical School: |  |
| Address of Medical School: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| I hereby confirm that the following is the above-named applicant’s date of completion and date of conferral of their basic medical degree: |
| **Date when Centile will be available**This means the date that the applicant’s centile, based on their overall degree award OR overall exams, can be provided to NRS by the Dean/Head of your Medical School. |  |  | / |  | / |  |  |
| **Date of Conferral of Basic Medical Degree**This means the date you will have received your basic (primary) medical qualification, which clearly displays the full date of conferral. |  |  | / |  | / |  |  |
| Enter dates as follows DD/MM/YYYYSignature of Medical School Dean/ Head: |  Day Month Year |  |
| Printed Name of Medical School Dean / Head: |  |  |
| Date: |  |  |
| Contact E-mail address for Dean / Head of School’s Office (printed): **Mandatory** |  |  |
| Contact phone number for Dean / Head of School’s Office (printed), including international access codes:  |  |  |
| **Mandatory** |  |
| **Dean/Head of Medical School:** | Please note the HSE will validate the details above with you at a later stage of the process |
| **Medical School Stamp / Seal** |
|  | OfficialMedical SchoolStamp / Seal |  |  |  |
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