



Royal College of  
General Practitioners

EAST ANGLIA FACULTY

Heron Court  
Ida Darwin  
Fulbourn  
Cambridge  
CB21 5EE

Tel: 01223 884324

Fax: 01223 885794

Email: [amccarty@rcgp.org.uk](mailto:amccarty@rcgp.org.uk)

Email: [eanglia@rcgp.org.uk](mailto:eanglia@rcgp.org.uk)

<http://www.rcgp.org.uk/eastanglia>

Provost: Prof RM Berrington FRCGP

Chairman: Dr PM Knapton FRCGP

Administrator: Mrs A McCarty

***nMRCGP Applied Knowledge Test Preparation Course***  
***(RCGP Accredited Course)***

**Tuesday, 30 March 2010, 9.15am-4.30pm**

*The Bistro, Rowley Mile Racecourse, Newmarket*

**College examiners will explain the examination and teach on topics of relevance, including statistics and critical appraisal techniques. The timing of this course is ideal for those intending to take the exam in April or October 2010**

The Newmarket venue is modern, easy to get to, with plenty of free parking, and lovely views of the racecourse, complete with racehorses exercising in the mornings.

**Make sure you are an AKT Odds-On Winner!!**

**Apply now and be sure of a place.**

Cost: £165.00 for Associates in Training Members, £225.00 for non members.

**Cancellation before 16 March 2010 will incur an administration fee.**

**No refund for cancellation after 16 March 2010.**

Please complete the attached application form and send with payment and return by 16 March 2010 to Annemarie McCarty, address above.



Royal College of  
General Practitioners

EAST ANGLIA FACULTY

**nMRCGP**  
**Applied Knowledge Test**  
**Preparation Course**

***Application Form***

**Tuesday, 30 March 2010, 9.15am-4.30pm**

*The Bistro, Rowley Mile Racecourse, Newmarket*

**Send with payment by Tuesday 16 March 2010 to:** Annemarie McCarty, East Anglia  
Faculty RCGP, Heron Court, Ida Darwin, Fulbourn, Cambridge CB21 5EE.

Tel: 01223 884324; Fax: 01223 885794; Email: [amccarty@rcgp.org.uk](mailto:amccarty@rcgp.org.uk)

**Please makes cheques payable to 'East Anglia Faculty RCGP'**

<b>Name:</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Tel:</b>		<b>Mobile:</b>	
<b>Surgery Address:</b>			
<b>VTS scheme:</b>		<b>Do you require a place to pray during the lunch break? Yes / No</b>	
<b>Special dietary needs</b>			
<b>Associate membership number</b>		<b>Non-member</b>	<input type="checkbox"/>
<b>GMC No:</b>			