

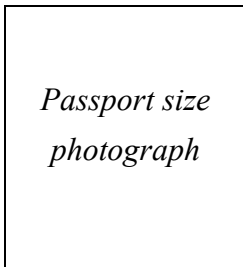
**HONG KONG COLLEGE OF PAEDIATRICIANS**

**Application for Joint Diploma in Child Health (International) &  
Diploma in Child Health (Hong Kong) Examination 2004**

Name: \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)  
*(Block Letters)*

H.K.I.D. No./Passport No.: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
*(dd/mm/yy)*

Correspondence address: \_\_\_\_\_



Tel: \_\_\_\_\_ (Office) \_\_\_\_\_ (Home) Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

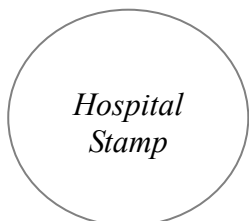
**Working Experience / Training (including internship / externship#):**

<u>Post</u>	<u>Hospital / Institute</u>	<u>Period (dd/mm/yy)</u>
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

**Certification of Relevant Paediatric Training (please enclose relevant documents):**

I certify that \_\_\_\_\_ has acted as a Resident Medical Officer/Intern/Extern\* (\* delete as appropriate) for the period of \_\_\_\_\_ to \_\_\_\_\_ in the  
*(dd/mm/yy)* *(dd/mm/yy)*

\_\_\_\_\_ Hospital with acute paediatric admissions and which contains \_\_\_\_\_ children and neonatal beds.



Consultant's Name: .....

Consultant's Signature: .....

Date: .....

# Evidence of regular on-call duties during externship training in a recognized training institution has to be provided.

I certify that \_\_\_\_\_ has acted as a Resident Medical Officer/Intern/Extern\* (\* delete as appropriate) for the period of \_\_\_\_\_ to \_\_\_\_\_ in the  
(dd/mm/yy) (dd/mm/yy)

\_\_\_\_\_ Hospital with acute paediatric admissions and which contains \_\_\_\_\_ children and neonatal beds.



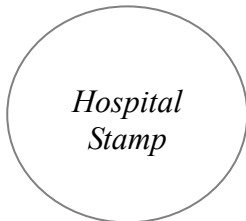
Consultant's Name: .....

Consultant's Signature: .....

Date: .....

I certify that \_\_\_\_\_ has acted as a Resident Medical Officer/Intern/Extern\* (\* delete as appropriate) for the period of \_\_\_\_\_ to \_\_\_\_\_ in the  
(dd/mm/yy) (dd/mm/yy)

\_\_\_\_\_ Hospital with acute paediatric admissions and which contains \_\_\_\_\_ children and neonatal beds.



Consultant's Name: .....

Consultant's Signature: .....

Date: .....

**I hereby apply to be admitted to the examination in the year 2004. I am aware of the regulations governing this examination and I agree to be bound by them.**

**I declare that the above information is true and correct.**

Signature of candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Applications must be fully completed and stamped before submission to the Hong Kong College of Paediatricians. The number of entries is limited and available places will be allocated on a "first come first served" basis.

<i>Office Use only</i>	
Basic Qual. ....	Period since full Reg. ....
Paediatric Experience .....	