



**Royal College of Pediatrics
& Child Health**
Hong Kong College of Paediatricians
Joint Diploma in Child Health (International)
Diploma in Child Health (Hong Kong)
Examination

Form B2

Please read the Notes before completing this form

PERSONAL DETAILS				
Code Numbers (s)	<i>RCPCH</i>		<i>RCP</i>	<i>Note 1</i>
Last Name				<i>Note 2</i>
Forename(s)				<i>Note 2</i>
Date Of Birth				<i>Note 3</i>
Address				
	<i>Town</i>			
	<i>Postcode</i>			
	<i>Country</i>			
Telephone Number	<i>Work</i>			
	<i>Home</i>			
	<i>Mobile</i>			
Email address				

APPOINTMENTS HELD SINCE QUALIFICATION TO DATE			
<i>Note 9</i>			
Appointment (Position)	Hospital (including area)	From	To

Continue on separate sheet if necessary

SPECIAL NEEDS: (Please give details)	<i>Note 6</i>

Entrance Requirements		<i>Note 7</i>
Please state when you passed MRCPCH Part IA		
Please indicate if you are taking Part IA at this sitting		

Previous application for DCH		<i>Note 8</i>
I last sat or withdrew from the DCH Examination in		
I last sat or withdrew from the MRCPCH Part I in		
Previous application made through RCP or RCPCH		

Payment by Cheque

Fees are published on the Fee Schedule and may be revised at any time.

Fee enclosed*Note 4*

I declare that I agree to abide by the RCPCH Examination Regulations *Note 5*

Signature **Date**