



Royal College of Paediatrics & Child Health
MRCPCH Part 1 Examination
Paper One A and Paper One B Application
Overseas Centres

Form A

For Office Use Only

N / R	
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Please read the explanatory notes before completing this form

PERSONAL DETAILS	
RCPCH Code Number	<i>See Note 2</i>
LAST NAME	<i>See Note 3</i>
Forename(s)	<i>See Note 3</i>
Correspondence Name	
Sex	
Date of birth	/ /
Full Postal Address	<i>See Note 4</i>
	<i>PO Box</i>
	<i>Town</i>
	<i>County</i>
	<i>Zip code/Postcode</i>
	<i>Country</i>
Telephone No	Home <i>(Include International Dialling Code)</i>
	Work <i>(Include International Dialling Code)</i>
Mobile telephone number	<i>(Include International Dialling Code)</i>
Daytime Fax	

PRIMARY MEDICAL QUALIFICATION <i>See Note 9</i>	
Degree (e.g. MB BS, MB BCh)	
Date Conferred	
Issuing University	
Medical College	
Country	
Were you taught mainly in English?	



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Form B

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N / R	
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EXAMINATIONS ENTRY

Please state the **overseas centre** through which you have entered:

See Note 1

PERSONAL DETAILS

RCPCH Code Number	<i>See Note 2</i>		
Last Name	<i>See Note 3</i>		
Forename(s)	<i>See Note 3</i>		
Correspondence Name	<i>See Note 3</i>		
Date of Birth	/ /		Sex
Address	<i>See Note 4</i>		
	PO Box		
	Town		
	County		
	<i>Zip Code/Postcode</i>		
	Country		
Telephone No	Home		<i>(Include International Dialling Code)</i>
	Work		<i>(Include International Dialling Code)</i>
Mobile No			<i>(Include International Dialling Code)</i>
Fax No			<i>(Include International Dialling Code)</i>
E-mail Address			<i>Please print clearly</i>

CURRENT POST

Manpower Grade: SHO Registrar Other

Hospital		Dates (from & to)	

EXAMINATIONS APPLIED FOR

Please tick the appropriate boxes

MRCPCH PART 1 EXAMINATION		DCH EXAMINATION	
Paper One A	<input type="checkbox"/>	Paper One A	<input type="checkbox"/>
Paper One B	<input type="checkbox"/>	DCH Clinical <i>(NB Please complete form B2)</i>	<input type="checkbox"/>
Paper One A and Paper One B	<input type="checkbox"/>		<input type="checkbox"/>

Please state any reasonable adjustments that the college need to make in order for you to sit the exams

See Note 5

Fee enclosed: cheque/bankers draft ...*See Note 7*.....

Declaration:

I hereby declare that the information I have provided is true and accurate and I agree to abide by the RCPCH Regulations. I understand that any false information provided in any part of this form may result in my application being withdrawn. I understand that my details may be transferred to RCPCH suppliers, Deaneries and others for the purposes of assessment and research etc solely for training or other College purposes.

Data Protection ACT 1998:

The information contained in this form will be held electronically and in paper files. All information is held in confidence and will only be used for supplying you with your assessment records and other business of the College.

See Note 10

SIGNATURE:.....DATE:.....

***Please submit application form and fees to the overseas organiser
in the country that you are applying to sit the exam in.***