

Application for Joint Diploma in Child Health (International) & Diploma in Child Health (Hong Kong) Examination 2017

Name:(Block Let	(English)	(Chinese)	Passport size	
	Date of birth:((dd/mm/yy)	photograph	
1				
Tel: (Office)	(Home) Fax:	e-mail:		
Date of Passing MRCPCH (I	DCH) Part IA/Foundation of Prac	ctice:		
Working Experience / Traini	ng (including internship):			
Post	<u>Hospital / Institute</u>		<u>Period (<i>dd/mm/yy</i>)</u> to	
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	ediatric Training (please enclose re			
	to			
	(dd/mm/yy)	(dd/mm/yy		
	Hospital with acu	te paediatric admiss	sions and which	
contains childr	en and neonatal beds.			
	Consultant's Name:			
Hospital Stamp	Consultant's Signature:			
	Date:			

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I certify that	has acted as a Resident Medical Officer/Intern* (* delete as			
<i>appropriate</i>) for the period of	to		in the	
	(dd/mm/yy)	(dd/mr	n/yy)	
	Hospita	l with acute paediatric adu	missions and which	
contains childre	en and neonatal beds.			
	Consultant's Name:			
Hospital Stamp	Consultant's Signature	:		
	Date:			
I certify that	has acted as a Res	ident Medical Officer/Inte	rn/* (* delete as	
<i>appropriate</i>) for the period of		to	in the	
	(dd/mm/yy)	(dd/mr	n/yy)	
	Hospita	l with acute paediatric adu	missions and which	
contains childre	en and neonatal beds.			
Hospital Stamp	Consultant's Name:			
	Consultant's Signature	:		
	Date:			

I hereby apply to be admitted to the examination in the year 2017. 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.

Office Use only
Basic Qual Period since full Reg
Paediatric Experience