



# Hong Kong College of Paediatricians

## Application for entry to the MRCPCH Clinical Examination

### Candidate Declaration Form

RCPCH Code Number:

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[Redacted]	
Full Name (exactly as it appears on your Primary Medical Qualification):	
Correspondence Address:	
Home Telephone Number:	Mobile:
Work Telephone Number:	
Email Address:	

[Redacted]	
Hospital:	
Grade/Post:	Dates (dd/mm/yyyy): From: To:

[Redacted]	
Date of commencement of basic training: (dd/mm/yyyy)	
<b>Important:</b> Please attach a copy of your <b>Associateship approval letter</b> issued by the Honorary Secretary of HKCPaed, which states your Basic Training starting date.	
I declare that I have completed _____ months of College recognized paediatric basic training as of <b>1<sup>st</sup> March 2018</b> .	
Signature of Candidate _____	
Date _____	

**(To be completed by COS / Training Supervisor)**

I certify to my best knowledge that

FULL NAME OF CANDIDATE \_\_\_\_\_

Has completed a period of \_\_\_\_\_ months of College recognized paediatric training as of **1<sup>st</sup> March 2018**.

Full Name (COS /Training Supervisor) \_\_\_\_\_ (Please print)

Signature \_\_\_\_\_

Position \_\_\_\_\_

Hospital \_\_\_\_\_

Date \_\_\_\_\_

**Previous MRCPCH Clinical Examination Attempts**

Date of Examination (mm/yyyy)							
Examination Centre (e.g. HK, UK)							
(F-FAIL) (DF1-Deferred once) (DF2-Deferred twice)							