



# 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]	
I declare that I have */ have not* applied to sit the MRCPCH Clinical Examination which was scheduled to take place on 25-26 February 2020 in Hong Kong, but was subsequently cancelled due to the COVID-19 pandemic.	
Signature of Candidate _____	
Date _____	
<i>* Please delete as appropriate</i>	
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 **20<sup>th</sup> October 2020**.

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 **20<sup>th</sup> October 2020**.

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)							