

OVERSEAS CENTRES

(Please read accompanying notes on completing Form C before completing this application form)

SECTION 1 - PERSONAL DETAILS

RCPCH Code Number:

Full name exactly as it appears on your Primary Medical Qualification:

Last Name:

Former/Maiden Name:

Forenames:

Correspondence Address:

Postcode/Zipcode:

Country:

Contact Details - Home Phone:

Mobile:

Work Number:

Bleep:

Extension:

Email Address:

Fax Number:

Date of Birth: ____/____/____(dd/mm/yy)

Sex: Male / Female
(please circle)

Ethnic Origin:

SECTION 2 - QUALIFICATIONS

At which centre do you intend to take the MRCPCCH Applied Knowledge in Practice Examination:

I obtained exemption from the MRCPCCH Part 1 Paper One A/Paper One B Examination through the Royal College of Physicians of Ireland pre-Jan 2010 (please attach copy of result letter)

____/____/____ (dd/mm/yy)

FIRST MEDICAL QUALIFICATION

Degree (e.g. MBBS, MBBCh)

Date conferred

Issuing University

Country

Were you taught mainly in English?

Yes No

SECTION 3 - CURRENT POST

Hospital Address			
Grade:		Dates	From: ____/____/____ (dd/mm/yy)
Dept:			To: ____/____/____ (dd/mm/yy)

Manpower Grade SHO REGISTRAR OTHER (Please tick one)

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

SECTION 4 - EXAMINATION FEE

Examination Fees for 2013: £563.00

Fee Enclosed: £ _____

(Please make cheques payable to 'The Royal College of Paediatrics and Child Health')

Publication of Examination Results on the RCPCH website:

All examination candidates will now be able to login into their RCPCH account via the website to view their results online.

PLEASE RETURN THE APPLICATION FORM TO THE LOCAL ORGANISER.

Candidates sitting in Malta please submit completed application form and fees directly to the College.

SECTION 5 - APPOINTMENTS HELD SINCE QUALIFICATION TO DATE

APPOINTMENT	Hospital Name, Address & Trust	FROM	TO
		/ /	/ /
	<u>Town</u>		
	<i>County</i>		
	<i>Postcode</i>		
	<i>Country</i>		
APPOINTMENT	Hospital Name, Address & Trust	FROM	TO
		/ /	/ /
	<u>Town</u>		
	<i>County</i>		
	<i>Postcode</i>		
	<i>Country</i>		
APPOINTMENT	Hospital Name, Address & Trust	FROM	TO
		/ /	/ /
	<u>Town</u>		
	<i>County</i>		
	<i>Postcode</i>		
	<i>Country</i>		
APPOINTMENT	Hospital Name, Address & Trust	FROM	TO
		/ /	/ /
	<u>Town</u>		
	<i>County</i>		
	<i>Postcode</i>		
	<i>Country</i>		

DECLARATIONS

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.

SIGNATURE..... DATE.....

Please read the MRCPCH Examination Regulations and these notes carefully before completing the application form.

SECTION 1 - PERSONAL DETAILS

RCPCH Code Numbers

If you have previously sat an examination with the RCPCH an RCPCH code numbers should have already been issued to you. If you have misplaced your code numbers, please ensure that you have completed your names and date of birth correctly. If this is your first application to sit an examination with the College, you will be issued with a Code number after your application is accepted. This number will be unique to you and will be your identification for as long as you remain a candidate. You will be required to quote this number in all correspondence with the College.

If you are claiming exemption from the Foundation of Practice & Theory and Science Examination and this is your first application to enter the Examination, you will be issued with a Code Number after your application is accepted.

Regulations regarding Exemption have recently been updated, information can be found on the college's website shown as below.

<http://www.rcpch.ac.uk/training-examinations-professional-development/examinations/mrcpch-part-2-updates/frequently-asked-q>

Full Name

Your full name *exactly* as it appears on the Diploma of your Primary Medical Qualification (e.g. Zeinab Salah Abd El Rahmin), unless you have since changed your name by marriage or Deed Poll. If you have previously sat an examination with us and since changed your name by marriage or Deed Poll since you last attempted the examination, you **MUST** provide evidence of this change with this application, in the form of the ORIGINAL certificate, affidavit or statutory evidence.

Correspondence and File Name

If you are known by a name that differs from that given as your last name above, please write your name here giving title, initials and last name e.g. Dr Z A Salah. This is the name that your file will be stored under and will be used for all correspondence. Please note however that the name given above is the name that will appear on any diploma certificate.

Correspondence Address

The address you provide will be used in all correspondence including the address to which your admission document will be sent. If using a Hospital Address, please also state the relevant Department. Should your address change, please notify the College as soon as possible.

SECTION 2 - QUALIFICATION

Indicate your choice of centre you wish to sit for the examination from the following:

Abu Dhabi	Bahrain	Egypt	Hong Kong	Iraq	Jeddah	Jordan
Kuwait	Malaysia	Malta	Myanmar	Oman	Qatar	Riyadh
Singapore	Sudan	Trinidad				

Exemption

Indicate your eligibility for exemption due to the fact that you have obtained the Part 1 RCPI pre January 2010 and a copy of your results letters issued by the RCPI is required.

First Medical Qualification

Entrants who have never sat an exam with the RCPCH before are required to submit documentary evidence of their Primary Medical Qualification to the overseas centre when they apply for their first exam.

Re-entrants must complete this section even if you have previously provided this information. However you are not required to submit documentary evidence.

SECTION 3 - CURRENT POST

Please complete the details on your most recent post, specifying locum posts but without including clinical attachments.

Reasonable Adjustments

Candidates who have a disability, special need or medical condition that may affect their performance in the examination are advised to submit details with their application in order that they may be assisted where possible. A medical certificate or consultant's report is required in support of such claims.

SECTION 4 - EXAMINATION FEES

All fees are revised annually and are likely to increase with the first examination of each year. Please check the Examination calendar for details.

Candidates from overseas, including Republic of Ireland, should ensure that their cheques yield the correct fee in Sterling *after* deduction of bank charges. A banker's draft drawn on an UK bank for appropriate amount is preferable. Candidates should make their cheques payable to 'Royal College of Paediatrics and Child Health'.

There are no changes to the arrangements for overseas candidates, who should continue to apply via their local organiser.

SECTION 5 - APPOINTMENTS HELD SINCE QUALIFICATION TO DATE

To be completed only if you have never applied for an examination with the College before. All new entrants are requested to start with their most recent post first and state their appointments in reverse chronological date order, specifying locum posts but without including clinical attachments.

Candidate Declaration

All candidates *must* sign and date the candidate declaration. Failure to do so will result in the application form being returned to you.

PLEASE RETURN THE APPLICATION FORM TO THE LOCAL ORGANISER.

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