



Hong Kong College of Paediatricians

Application for entry to the MRCPCH Clinical Examination

Candidate Declaration Form

RCPCH Code Number:

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Section 1 – PERSONAL DETAILS

Full Name (exactly as it appears on your Primary Medical Qualification):

Correspondence Address:

Home Telephone Number:

Mobile:

Work Telephone Number:

Email Address:

Section 2 – CURRENT POST

Hospital:

Grade/Post:

Dates (dd/mm/yyyy):

From:

To:

Section 3 – DECLARATION OF PAEDIATRIC TRAINING

Date of commencement of basic training: (dd/mm/yyyy)

Important: Please attach a copy of your **Associateship approval letter** 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 **25th February 2014**.

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 **25th February 2014**.

Full Name (COS /Training Supervisor) _____ (Please print)

Signature _____

Position _____

Hospital _____

Date _____

Section 4 – EXAMINATION DETAILS

Previous MRCPCH Clinical Examination Attempts

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