Hong Kong College of Paediatricians

Application for entry to the MRCPCH Clinical Examination

Candidate Declaration Form

RCPCH Code Number: | | | | | | |

[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) **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 **10th February 2015**. 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 **10th February 2015**.

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)							