



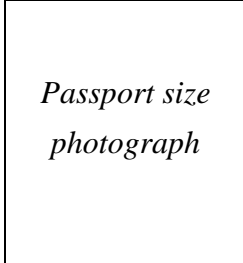
# HONG KONG COLLEGE OF PAEDIATRICIANS

## Application for Joint Diploma in Child Health (International) & Diploma in Child Health (Hong Kong) Examination 2015

Name: \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)  
(Block Letters)

H.K.I.D. No./Passport No.: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(dd/mm/yy)

Correspondence address: \_\_\_\_\_



Tel: \_\_\_\_\_ (Office) \_\_\_\_\_ (Home) Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Date of Passing MRCPCH (DCH) Part IA/Foundation of Practice: \_\_\_\_\_

### Working Experience / Training (including internship):

<u>Post</u>	<u>Hospital / Institute</u>	<u>Period (dd/mm/yy)</u>
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

### Certification of Relevant Paediatric Training (please enclose relevant documents):

I certify that \_\_\_\_\_ has acted as a Resident Medical Officer/Intern\* (\* delete as appropriate) for the period of \_\_\_\_\_ to \_\_\_\_\_ in the  
(dd/mm/yy) (dd/mm/yy)

\_\_\_\_\_ Hospital with acute paediatric admissions and which contains \_\_\_\_\_ children and neonatal beds.



Consultant's Name: .....

Consultant's Signature: .....

Date: .....

I certify that \_\_\_\_\_ has acted as a Resident Medical Officer/Intern\* (\* delete as appropriate) for the period of \_\_\_\_\_ to \_\_\_\_\_ in the \_\_\_\_\_ Hospital with acute paediatric admissions and which contains \_\_\_\_\_ children and neonatal beds.



Consultant's Name: .....

Consultant's Signature: .....

Date: .....

I certify that \_\_\_\_\_ has acted as a Resident Medical Officer/Intern/\* (\* delete as appropriate) for the period of \_\_\_\_\_ to \_\_\_\_\_ in the \_\_\_\_\_ Hospital with acute paediatric admissions and which contains \_\_\_\_\_ children and neonatal beds.



Consultant's Name: .....

Consultant's Signature: .....

Date: .....

**I hereby apply to be admitted to the examination in the year 2015. I am aware of the regulations governing this examination and I agree to be bound by them.**

**I declare that the above information is true and correct.**

Signature of candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Applications must be fully completed and stamped before submission to the Hong Kong College of Paediatricians. The number of entries is limited and available places will be allocated on a "first come first served" basis.

<i>Office Use only</i>	
Basic Qual. ....	Period since full Reg. ....
Paediatric Experience .....	