

RCPCH

Royal College of
Paediatrics and Child Health

Leading the way in Children's Health



**Royal College of Pediatrics
& Child Health**
Hong Kong College of Paediatricians
**Joint Diploma in Child Health (International) Diploma
in Child Health (Hong Kong) Examination**

Form B2

Please read the Notes before completing this form

PERSONAL DETAILS				
Code Numbers (s)	<i>RCPCH</i>		<i>RCP</i>	<i>Note 1</i>
Last Name				<i>Note 2</i>
Forename(s)				<i>Note 2</i>
Address				<i>Note 3</i>
	<i>Town</i>			
	<i>Postcode</i>			
	<i>Country</i>			
Telephone Number	<i>Work</i>			
	<i>Home</i>			
Fax Number				
Email address				

APPOINTMENTS HELD SINCE QUALIFICATION TO DATE			
<i>Note 9</i>			
Appointment (Position)	Hospital (including area)	From	To

Continue on separate sheet if necessary

SPECIAL NEEDS: (Please give details)	<i>Note 6</i>

Previous application for DCH		<i>Note 8</i>
I last sat or withdrew from the DCH Examination in		
I last sat or withdrew from the MRCPCH Part I in		
Previous application made through RCP or RCPCH		

Payment by Credit Card

Fees are published on the Fee Schedule and may be revised at any time.

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Fee enclosed*Note 4*

I declare that I agree to abide by the RCPCH Examination Regulations *Note 5*

Signature **Date**