HONG KONG COLLEGE OF PAEDIATRICIANS

Application for Joint Diploma in Child Health (International) & Diploma in Child Health (Hong Kong) Examination 2014

Name: _____ (English) _____ (Chinese)
(Block Letters)

Passport size photograph

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):

Post	Hospital / Institute	Period *(dd/mm/yy)*
_____	_____	_____ 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.

Hospital Stamp

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
(dd/mm/yy) *(dd/mm/yy)*

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

Hospital Stamp

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
(dd/mm/yy) *(dd/mm/yy)*

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

Hospital Stamp

Consultant's Name: ……

Consultant's Signature: …..……...……..

Date: ……...

I hereby apply to be admitted to the examination in the year 2014. 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.

Office Use only
Basic Qual. …….. Period since full Reg. ……
Paediatric Experience ……..