



Royal College of Paediatrics and Child Health

FORM C

Application for entry to the MRCPCH Part II Examination

OVERSEAS CENTRES

(Please read accompanying notes on completing Form C before completing this application form)

RCPCH Code Number: [] [] [] [] [] [] [] []

RCP Code Number: [] [] [] [] [] [] [] []

SECTION 1 – PERSONAL DETAILS

Full name exactly as it appears on your Primary Medical Qualification:

Correspondence and File Name. Please give title, intial(s) and last name: (see notes)

Correspondence Address:

Postcode: Country:

Telephone Numbers: (include country/ area code)

Home: Work: Bleep/Ext:

Fax: Email:

Date of Birth: Sex: Male/Female (please circle) Ethnic Origin:

SECTION 2

At which centre do you intend to take the Part II Examination:

Eligibility for entry to the MRCPCH Part II Examination

Please tick the appropriate box and give date

- I passed the MRCPCH Part I Paper One A/Paper One B Examination - Date:
I passed the MRCP(UK) Part I Examination - Date:
I obtained exemption from the MRCPCH Part 1 Paper One A/Paper One B Examination - Date:

(Diploma enclosed)

SECTION 3**CURRENT POST**

Grade/Post:		Dates (from & to)	
Hospital & NHS Trust			

SECTION 4 - FURTHER INFORMATION AND CANDIDATE DECLARATION

Special Needs: Please give details _____

Publication of successful completion of Examinations on the RCPCH website:

Candidates who successfully complete any part of the MRCPCH Examination will have their success published on the RCPCH website.

Candidates not wishing for their name to be published should inform the RCPCH Examinations Department in writing at the earliest opportunity.

Candidates should note that only the name and code number of those who successfully complete an Examination will be posted. Candidates who fail will not be identified

Fee Enclosed: £ _____

(Please make cheques payable to ‘The Royal College of Paediatrics and Child Health)

Candidate declaration:

I declare that:

- 1) I have read and understood the Examination Regulations and rules that are outlined in the MRCPCH Examinations Handbook.
- 2) I agree that to my name and code number being published on the College website should I successfully complete the Written examination.

Signature _____

Date: _____

PLEASE RETURN THE APPLICATION FORM TO THE LOCAL ORGANISER



Royal College of Paediatrics and Child Health

MRCPCH Part II Examination Application Overseas Centres

Notes For Completing Form C

Please read the MRCPCH Examination Regulations and these notes carefully before completing the application form.

Code Numbers:

Please use the code numbers that have already been issued to you for the Part I or the MRCPCH Part 1 Paper One A/ Paper One B Examinations. If you have misplaced your code numbers, please ensure that you have completed your names and date of birth correctly. If you are claiming exemption from the Paper One A/Paper One B Examination and this is your first application to enter the Examination, you will be issued with a Code Number after your application is accepted. This number will be unique to you and will be your identification for as long as you remain a candidate. You will be required to quote this number in all correspondence with the College.

NB: New applicants who are claiming exemption from the MRCPCH Part 1 Paper One A/Paper One B Examination are also required to complete Form A.

SECTION 1:

Full name – Please give your full name EXACTLY as it appears on the Diploma of your Primary Medical Qualification (e.g. Zeinab Salah Abd El Rahmin), unless you have since changed your name by marriage or Deed Poll. If you have changed your name by marriage or Deed Poll since you last attempted the examination, you MUST provide evidence of this change with this application, in the form of the ORIGINAL certificate, affidavit or statutory evidence.

Correspondence and File Name – If you are known by a name that differs from that given as your last name above, please write your name here giving title, initials and last name e.g. Dr Z A Salah. This is the name that your file will be stored under and will be used for all correspondence. Please note however that the name given above is the name that will appear on any diploma certificate.

Correspondence Address – The address you provide will be used in all correspondence including the address to which your admission document will be sent. If using a Hospital Address, please also state the relevant Department. If your address changes, please notify the College **as soon as possible**.

SECTION 2:

Please indicate at which centre you intend to enter the examination from the following:

Abu Dhabi Egypt Hong Kong Jordan Kuwait Malaysia Oman Qatar Saudi Arabia
Singapore Sudan

SECTION 3:

CURRENT POST

Please complete the details on your most recent post, specifying locum posts but without including clinical attachments.

SECTION 4:

SPECIAL NEEDS

Candidates who have a disability, special need or medical condition that may affect their performance in the examination are advised to submit details with their application in order that they may be assisted where possible. A medical certificate or consultant's report is required in support of such claims.

PUBLICATION OF SUCCESSFUL COMPLETION OF EXAMINATIONS ON THE RCPCH WEBSITE:

Candidates who successfully complete any part of the MRCPCH Examination will have their success published on the RCPCH website.

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EXAMINATION FEES

All fees are revised annually and are likely to increase with the first examination of each year. Please check examination calendar for details. Candidates from overseas, including Republic of Ireland, should ensure that their cheques yield the correct fee in Sterling AFTER deduction of bank charges. A banker's draft drawn on an UK bank for appropriate amount is preferable. Candidates should make their cheques payable to 'Royal College of Paediatrics and Child Health'.

CANDIDATE DECLARATION:

All candidates must sign and date the candidate declaration. Failure to do so will result in the application form being returned to you.

There are no changes to the arrangements for overseas candidates, who should continue to apply via their local organiser.

PLEASE RETURN THE APPLICATION FORM TO THE LOCAL ORGANISER