

EXAMS DEPT USE ONLY

CODE No:

COST CENTRE:



ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Please forward completed application to: Frederick House, 19 South Frederick Street, Dublin 2, Ireland. Fax: 353 1 672 4707* (Re-entrants paying by credit card or bank transfer only)

DIPLOMA IN CLINICAL PSYCHIATRY (DCP) EXAMINATION APPLICATION FORM: CONJOINT BOARD OF THE ROYAL COLLEGE OF PHYSICIANS & THE ROYAL COLLEGE OF SURGEONS IN IRELAND

SECTION 1: SUPPORTING DOCUMENTS CHECKLIST (1st time entrants only)

ATTESTED COPY OF MEDICAL DIPLOMA:

2 PASSPORT PHOTOGRAPHS:

CURRICULUM VITAE:

PAYMENT:

CONSULTANTS LETTER:

Please note that this letter must be printed on hospital headed paper.

RCPI CODE NUMBER:
(Not applicable to 1st time entrants)

EXAM CENTRE:

EXAM DATE:

Early application for this examination is advised. Faxed applications are acceptable for re-entrants only. For more information please download a copy of the DCP regulations from www.rcpi.ie

Have you entered for this examination on a previous occasion?
YES: NO:

DATE OF LAST ENTRY:

SECTION 3: MEDICAL QUALIFICATIONS (Please complete in BLOCK CAPITALS)

PRIMARY DEGREE:

DATE CONFERRED:

UNIVERSITY:

MEDICAL COLLEGE:

Are you registered with the Irish Medical Council or General Medical Council?
YES: NO:

SECTION 5: APPOINTMENTS HELD SINCE QUALIFICATION DATE:

Table with columns: APPOINTMENT, HOSPITAL, DATE FROM, DATE TO. Multiple rows for listing appointments.

Re-entrants please list appointments held since last examination attempt only

SECTION 2: PERSONAL DETAILS (Please complete in BLOCK CAPITALS)

DATE OF BIRTH:

LAST NAME(S)

FIRST NAME(S)

ADDRESS:

MALE: FEMALE: NATIONALITY:

CONTACT DETAILS

TELEPHONE:

FAX:

E-MAIL:

SECTION 4: PAYMENT DETAILS (Please note all payments must be in Euro)

EXAM FEE: €

PAYMENT METHOD:

CHEQUE/BANK DRAFT: CASH:

DIRECT TRANSFER:

Bank drafts must be drawn on Irish banks only. Drafts drawn from any other country are not acceptable and will render any examination application void.

CREDIT CARD:
PLEASE SEE BELOW NOTE ON CREDIT CARD PAYMENT

CREDIT CARD NUMBER:

EXPIRY DATE:

NAME ON CARD:

CARD TYPE: VISA: MASTERCARD:

SIGNATURE:

DATE:



NOTE ON CREDIT CARD PAYMENT: THE COLLEGE IS UNABLE TO PROCESS CREDIT CARD DETAILS FOR ANYONE OTHER THAN THE APPLICANT. ADDRESS DETAILS IN SECTION 2 MUST MATCH BILLING ADDRESS. LASER CARDS OR DEBIT CARDS ARE NOT ACCEPTED