

EXAMS DEPT USE ONLY

CODE No: [] [] [] [] [] []
COST CENTRE: [] []



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 OBSTETRICS & WOMEN'S HEALTH (DOWH) EXAMINATION APPLICATION FORM:

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

ATTESTED COPY OF MEDICAL DIPLOMA: []
2 PASSPORT PHOTOGRAPHS: []
PAYMENT: []
CONSULTANTS LETTER: []
Please note that this letter must be printed on hospital headed paper.
COPY OF MEDICAL COUNCIL CERT: []

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 DOWH regulations from www.rcpi.ie

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: []

DATE OF REGISTRATION: []

FULL-TIME: [] TEMPORARY: []

OBSTETRICAL HOSPITAL: []

DATES OF RESIDENCE: []

CURRENT POST: []

Have you entered for this examination on a previous occasion?

YES: [] NO: []

DATE OF LAST ENTRY: []

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