

The Royal College of Anaesthetists

PA (A) OSCE Examination

Application Form

NHS Employee/Assignment number:

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**PLEASE COMPLETE THIS FORM (INCLUDING THE ABOVE) IN
BLOCK CAPITALS USING BLACK INK.**

FOR OFFICIAL USE ONLY

Date received:

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Examination fee held:

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Examination fee paid:

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A/C Reference No:

1101/22/					
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Section A: Personal Details

Please give all names in full

Surname: _____ Initials: _____ Male: Female:

Forename 1: _____ Forename 2: _____ Forename 3: _____

Address for correspondence DURING THE PERIOD OF THE EXAMINATION:

AddressLine1: _____

AddressLine2: _____

AddressLine3: _____

Town/City: _____ County: _____

Postcode:

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 Country: _____

Telephone (include dialing code):

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 Home Work Mobile

Section B: Declaration of eligibility

I am presently studying at: _____ University.

I am eligible to sit the PA (A) OSCE examination and enclose a cheque for my fee (made payable to **The Royal College of Anaesthetists**).

Signature of candidate: _____

I confirm that the above candidate is eligible in all respects to sit the forthcoming PA (A) OSCE examination which will be held at The Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG.

Authorising signature for HEI: _____

Print name: _____