



## APPLICATION FORM

### Fellowship Clinical Examination (Paediatric Rehabilitation Medicine)

**Exam date: Saturday, 15 June 2024**

**Closing date for applications: Tuesday, 27 February 2024**

## PERSONAL DETAILS

Membership Number (MIN)	
Given / First name(s)	
Surname / Family name(s)	

Ensure your personal information is up-to-date on your [MyRACP](#) account. **Failure to advise the College of a change in contact details will cause delays in receiving important examination correspondence.**

If you have any issues accessing your [MyRACP](#) account, please contact [memberservices@racp.edu.au](mailto:memberservices@racp.edu.au).

## CURRENT APPOINTMENT

Post / Position	
Hospital / Workplace	

## EXAMINATION REQUIREMENTS

### Examination attempts

Limits on the total training time allowed and the number of examination attempts are specified by the [Progression through Training Policy](#).

For more details, refer to the eligibility criteria and examination attempts set out in the [Paediatric Rehabilitation Medicine Training Program Requirement Handbook](#).

### Pre-examination special consideration for provisions

If you require special provisions on the examination day, submit a request by email to [Faculty.Examinations@racp.edu.au](mailto:Faculty.Examinations@racp.edu.au) by **Tuesday, 27 February 2024**. Refer to the [Special Consideration for Assessment Policy](#) and the [Special Consideration for Assessment application guide and form](#) for more information.

### Submitting applications

Submit your application via email to [Faculty.Examinations@racp.edu.au](mailto:Faculty.Examinations@racp.edu.au) by **Tuesday, 27 February 2024**. You will receive an email confirming receipt of your application.

### Payment of application fees

Once applications have closed, we will email you a link to pay the exam fee and any other outstanding fees. When your eligibility has been finalised, you will receive a candidate allocation letter via email confirming your exam registration and venue.

**FEE PAYABLE: AUD \$3,221.00**

**Withdrawal of application**

To withdraw from the examination, you must advise the College by email at [Faculty.Examinations@racp.edu.au](mailto:Faculty.Examinations@racp.edu.au).

Withdrawals are not counted as examination attempts. You may withdraw up until the commencement of the examination.

**Refund of application fees**

Refer to the [College Fees Terms and Conditions](#) webpage for full information on refunds.

**Outstanding training fees**

Trainees with outstanding training fees will not be eligible to sit the examination.

**DECLARATION BY APPLICANT**

I understand that eligibility to sit the examination is determined by the nominated supervising committee(s).

I have read and understand the information contained in the [AFRM Fellowship Clinical Examination \(Paediatric\)](#) webpage and the [Progression through Training Policy](#).

I hereby declare that all the information I have given is correct.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

I understand the information outlined below:

*Personal and training-related information that you provide will not be sold, exchanged, transferred or given to any other company for any reason whatsoever, without your consent, other than for the purpose of working with you, and providing training and education services to you. For further information, including how you may seek access to or the correction of your personal information, please refer to our [Privacy Policy for Personal Information](#).*

*By submitting this application, you are agreeing that your personal information may be shared with service providers that we have engaged to facilitate the provision of examination facilities and deliver your results to you.*

**SUBMIT THIS APPLICATION FORM BY:**

**27 February 2024**

Email to [Faculty.Examinations@racp.edu.au](mailto:Faculty.Examinations@racp.edu.au)