

APPLICATION FOR FACULTY OF SCIENCE EXAMINATIONS 2022

Please refer to the [Examination Essential Information Sheet](#) before completing this form

Applications must be received by 5.00 PM SYDNEY TIME on FRIDAY 18 FEBRUARY 2022
Except for signatures, please print/enter ALL entries in upper case

RCPA ID NO _____

ANNUAL REGISTRATION AND PAYMENT FORMS SUBMITTED?

Yes

No

FIRST NAME _____

LAST NAME _____

MOBILE PHONE _____

EMAIL _____

Are you applying for special consideration?

Yes

No

(If yes, please refer to the Examination Candidates in Need of Consideration for Illness, Accident, Disability or Compassionate Grounds Policy [here](#) then submit a Request Form and supporting documentation by email to exam@rcpa.edu.au)

DISCIPLINE EXAMINATION

Anatomical Pathology

Part I

Part II

Chemical Pathology

Part I

Part II

Forensic Science

Part I

Part II

Genetic Pathology:

Biochemical

Part I

Part II

Medical Genomics

Part I

Part II

Haematology

Part I

Part II

Immunopathology

Part I

Part II

Microbiology

Part I

Part II

Immunopathology and Transplantation

Part I

Part II

AT WHICH CENTRE DO YOU INTEND TO SIT THE MAY EXAMINATIONS? _____

Please refer to the [Examination Essential Information Sheet](#)

PREVIOUS RCPA EXAMINATION APPLICATIONS (If applicable)

Examination	Year	Result	Subsequent Exemptions Granted

CHECK LIST Please tick box to confirm that you have enclosed the following:

1. 1 copy of this form, fully completed
(Please keep an additional copy for your Training Portfolio)
2. Completed payment authorisation form
Please see schedule for relevant examination fee
A Tax invoice/receipt will be sent in due course.
3. Relevant supporting documents attached:

In support of application for exemption	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Additional information from Supervisor	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

If it is found that after the submission of an examination application form, a trainee has not met the eligibility criteria for sitting an examination/s, e.g. insufficient accredited training time, the trainee will be withdrawn from the examination/s. The trainee will be eligible for a full refund of the examination fee

PRIVACY AND CONFIDENTIALITY

Any personal information you provide is strictly confidential to the College. However, in the course of your training it may be necessary for the College to provide your contact details and information about your progress or examination performance to College committees and Fellows of the College who are involved with supervision and training. If the personal information is not provided to the College, the College may be unable to process your application, or to review and assess your training progress and examination performance. The College will manage your personal information in accordance with its Privacy Policy. If you would like to access any information we hold about you or obtain a copy of our Privacy Policy please contact our Privacy Officer on + 61 2 8356 5858

Candidate's Signature: _____ Date: _____

APPLICATIONS MUST BE FULLY COMPLETED & RECEIVED BY POST NO LATER THAN 5.00 PM SYDNEY TIME ON FRIDAY 18 FEBRUARY 2022

INCOMPLETE OR FAXED APPLICATIONS WILL NOT BE PROCESSED

Thank you

Office use only

1. Form complete	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2. Currently registered for training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		
3. Correct fee received	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

AUD \$ _____ Cheque Money Order Current Credit Card

Administrator: _____ **Acknowledgement:** ____/____/____

4. Supporting documentation satisfactory	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
7. Requisite training completed (or scheduled prior to exam)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		

Registrar: _____ **Date:** _____

[This page is intentionally blank – if printing your form in double-sided format, please print page 5 “Payment Authorisation” separately]

PAYMENT AUTHORISATION

The College accepts payment by Cheque, Money Order, American Express, Mastercard or Visa only.

ALL PAYMENTS MUST BE IN AUSTRALIAN DOLLARS

Full Name of Applicant: _____

RCPA ID No: _____

Daytime contact phone no. or e-mail: _____

I wish to authorise my payment for:

Examination Fee: Part I AUD \$ _____

Examination Fee: Part II AUD \$ _____

Examination Fee: Repeat AUD \$ _____

Late Exam Application Fee (if applicable): AUD \$ _____

TOTAL AMOUNT AUD \$ _____

(Please tick one): Cheque Money Order A/E Visa MasterCard

Card Number:

Expiry: _____ / _____

Full Name on Card: _____

Signature of Cardholder: _____

Preferred contact of Cardholder: _____
