



**Cambridge, Structured Oral Examination Day
for FRCA**

ADDENBROOKE'S HOSPITAL

Friday, 11th June 2010

NAME:

QUALIFICATIONS/DATES:

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ADDRESS FOR CORRESPONDENCE:

.....

EMAIL ADDRESS:

TELEPHONE NO:

DATE OF BIRTH NATIONAL INS. NUMBER

(N.B. This information is needed in the event of a refund request)

PRESENT POST/HOSPITAL:

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HAVE YOU ATTEMPTED THE FINAL FRCA PREVIOUSLY? YES/NO

IF YES, WHEN?

DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS?

.....

PLEASE SEND YOUR CHEQUE FOR **£200.00** WITH THIS APPLICATION
MADE PAYABLE TO:

“ADDENBROOKE'S ENDOWMENT FUNDS”

PLEASE RETURN COMPLETED FORM WITH FEE TO:

Lucy Bailey
Postgraduate Medical Centre
Addenbrooke's Hospital
Box 111
Hills Road Cambridge CB2 2SP