

# COLLEGE OF ANAESTHETISTS OF IRELAND



Staple  
photo  
here

Diploma in Pain Medicine  
D.P.Med (CARCSI)

Date of intended Exam:

Have you previously applied for this exam: No  Yes  If YES, College ID: \_\_\_\_\_  
If you remained on a waiting list, tick No.

Date(s) of previous ATTEMPT(S):

(Month/ Year)

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Surname/ Family name

\_\_\_\_\_ (as on Medical Degree)

First Name(s)

\_\_\_\_\_

Gender Male  Female  Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality \_\_\_\_\_

Correspondence Address

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Tel (work) \_\_\_\_\_ Tel (mobile) \_\_\_\_\_

Tel (home) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Date registered with IMC  GMC  \_\_\_\_/\_\_\_\_/\_\_\_\_ Reg. No. \_\_\_\_\_

Registration Category (please state division): \_\_\_\_\_

If your name does not appear in the Medical Register of Ireland or the British Medical Register, please supply proof that your qualification can be registered with one of the above together with a Certificate of good standing from the country in which you are registered. Enclose original certificates with first-time applications or certified copies with subsequent applications.

College Registration No.: \_\_\_\_\_ Trainee No.: \_\_\_\_\_

Candidates must produce evidence of holding a Fellowship/ Membership in his/her present specialty (Anaesthesia, Surgery, Medicine etc.)

FCARCSI Date awarded: \_\_\_\_\_

FFARCSI Date awarded: \_\_\_\_\_

FRCA Date awarded: \_\_\_\_\_

FRCSI Date awarded: \_\_\_\_\_

MRCPI Date awarded: \_\_\_\_\_

Other:  
\_\_\_\_\_ Date awarded: \_\_\_\_\_

\_\_\_\_\_ Date awarded: \_\_\_\_\_

**Details of Pain Medicine Training & current post:**

**Post** \_\_\_\_\_ **Hospital** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Signature of Consultant** \_\_\_\_\_

Current Hospital Stamp
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**Post** \_\_\_\_\_ **Hospital** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Signature of Consultant** \_\_\_\_\_

**Post** \_\_\_\_\_ **Hospital** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Signature of Consultant** \_\_\_\_\_

**Post** \_\_\_\_\_ **Hospital** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Signature of Consultant** \_\_\_\_\_

**Name and Work Address of Consultant currently responsible for your training (e.g. Head of Department)**

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Verification by the hospital Personnel Dept is acceptable, if above-named Consultant is not available to sign the form.

Other details may be attached on a separate sheet.

An application without payment in full cannot be guaranteed an exam place. We cannot accept cash. We can accept any of the following:

- (i) Euro bankdraft
- (ii) International Money Order (in Euros)
- (iii) Euro personal cheque
- (iv) Sterling personal cheque (exchange rate from Sterling to Euro must be checked by yourself on date of writing the cheque).
- (v) Credit card (see overleaf).

All applications, first time and repeat, must include a passport-sized photo, with the full name in ballpoint in BLOCK CAPITALS on the back. Do not sign, as signatures are often illegible. Staple photos to form, do not use paperclips. Photos are needed for Exam ID cards in order to gain entry to the exam venue.

We cannot accept applications via email or fax. Please print and send completed application to: The Examinations Office, College of Anaesthetists of Ireland, 22 Merrion Square North, Dublin 2, Ireland.

For further queries, please contact the Examinations Officer on 00 353 1 661 4412.

**DIPLOMA IN PAIN MEDICINE EXAMINATION**

**Credit Card Payment**

Name of exam candidate:

\_\_\_\_\_

Name on card:

\_\_\_\_\_

Card No.:

□□□□□ - □□□□□□ - □□□□□□ - □□□□□□

Please tick: Visa

MasterCard

(We cannot accept American Express/ Switch/ Laser or other debit cards at this time)

Expiry Date:

\_\_\_\_/\_\_\_\_ (mm/yy)

Security code (3-digit number on back of card):

□□□

***Do not, under any circumstance, write your pin number on this form.***

**Declaration (to be signed by cardholder):**

I authorise the College of Anaesthetists of Ireland to charge € □□□□□ Euro to the above credit card.

Signed:

\_\_\_\_\_

Date:

\_\_\_\_\_