



MINISTRY for HEALTH and ACTIVE AGEING
15, PALAZZO CASTELLANIA, MERCHANTS STREET, VALLETTA, MALTA

DECLARATION FORM - POSITION OF HIGHER SPECIALIST TRAINEE (VARIOUS)

I hereby declare that I am enclosing application/s for post of Higher Specialist Trainee in the following specialty/ies in the below order of preference:

PREFERENCE	SPECIALTY
	Accident and Emergency Medicine
	Anaesthetics and Intensive Care
	Audiovestibular Medicine
	Cardiology
	Chemical Pathology
	Histopathology
	Clinical Oncology
	Haematology
	Dermatology
	Genito-urinary Medicine
	Diabetes, Endocrinology and General/Internal Medicine
	Gastroenterology and General/Internal Medicine
	Infectious Diseases and General/Internal Medicine
	Nephrology and General/Internal Medicine
	Respiratory Medicine and General/Internal Medicine
	Rheumatology and General/Internal Medicine
	Rehabilitation Medicine
	Palliative Medicine
	Geriatrics
	Neurology
	Cardiothoracic Surgery

	General Surgery
	Neurosurgery
	Orthopaedic Surgery
	Paediatric Surgery
	Plastic Surgery
	Urology
	Vascular Surgery
	Obstetrics and Gynaecology
	Neonatology
	Paediatrics
	Paediatrics wsi Paediatric Gastroenterology
	Paediatrics wsi Paediatric Neurology
	Paediatrics wsi Paediatric Oncology
	Paediatrics wsi Paediatric Nephrology
	Psychiatry
	Public Health Medicine
	Radiology

Name & Surname _____

Identity Card Number _____ email address _____

Current Grade _____

Contact Number _____

Signature _____ Date: _____

Note: In the event no preference is indicated above, the successful candidate may be assigned to a specialty according to the exigencies of the service.

