



OFFICE OF THE DEPUTY PRIME MINISTER AND MINISTRY FOR HEALTH
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
	Anesthesia and Critical Care
	Cadiology
	Cardiothoracic Surgery
	Dermatology
	Diabetes and Endocrinology
	Emergency Medicine
	Gastroenterology
	General Medicine
	Genetics
	General Pediatrics
	General Surgery
	Geriatric Medicine
	Genitourinary Medicine
	Histopathology
	Infectious Diseases
	Medical Oncology
	Neonatology
	Nephrology
	Neurology
	Obstetrics and Gynaecology
	Oncology and Radiotherapy
	Ophthalmology
	Orthopaedics and Trauma
	Paediatric Cardiology

Name, Surname & ID _____

	Paediatric Infection Diseases
	Paediatric Respiratory and Allergology
	Paediatrics wsi in Community Paediatrics
	Paediatrics wsi in Paediatric Endocrinology
	Paediatrics wsi in Paediatric Neurology
	Paediatrics wsi in Paediatric Oncology
	Paediatrics wsi in Paediatric Respiratory Medicine
	Paediatrics wsi in Paediatric Respiratory Gasroenterology, Hepotology and Nutrition
	Paediatrics wsi in Paediatric Nephrology
	Paediatric Surgery
	Palliative Medicine
	Plastic Surgery
	Psychiatry
	Public Health
	Radiology
	Radiology wsi Diagnostic
	Ragiology wsi Interventional
	Rehabilitation Medicine
	Respiratory Medicine
	Rheumatology
	Sports and Exercise Medicine
	Vascular Surgery

Name, Surname & ID _____

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.

Name, Surname & ID _____