



OFFICE of the DEPUTY PRIME MINISTER
MINISTRY for HEALTH
15, Palazzo Castellania, Merchants Street, Valletta, Malta

**DECLARATION FORM - POSITION OF HIGHER SPECIALIST TRAINEE (HST):
Specialties within the Department of Medicine**

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

PREFERENCE	SPECIALTY
	Accident and Emergency Medicine
	Acute Geriatrics and General/Internal Medicine
	Anaesthetics and Intensive Care
	Baromedicine
	Cardiology
	Cardiothoracic Surgery
	Clinical Oncology
	Dermatology
	Diabetes, Endocrinology and General/Internal Medicine
	Gastroenterology and General/Internal Medicine
	General/Internal Medicine
	General Surgery
	Genetics
	Genito-urinary Medicine
	Geriatrics
	Haematology
	Medical Microbiology
	Neonatology
	Neurology
	Nephrology and General/Internal Medicine
	Obstetrics and Gynaecology
	Ophthalmology
	Orthopaedic Surgery
	Otorhinolaryngology
	Paediatrics
	Paediatrics wsi Paediatric Neurology

People Management Division

e: peoplemanagement.health@gov.mt w: <https://deputyprimeminister.gov.mt>

	Paediatrics wsi Paediatric Cardiology
	Paediatrics wsi Paediatric Endocrinology
	Paediatrics wsi Paediatric Infectious Diseases
	Paediatrics wsi Paediatric Nephrology
	Paediatric Surgery
	Palliative Medicine
	Plastic Surgery
	Psychiatry
	Public Health Medicine
	Respiratory Medicine and General/Internal Medicine
	Radiology
	Rheumatology and General/Internal Medicine
	Urology
	Vascular Surgery

I also declare that I submitted ____ application/s.

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.



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