

## EXAMINATION DAY: CONFIRMATION DOCUMENT

As part of our Candidate Check-in, we would kindly ask that you complete the relevant sections of this form.  
Please answer all questions

### YOUR PERSONAL DETAILS

1	FULL NAME:			
2	PRN/NMC NUMBER:			
3	EMAIL ADDRESS:			
4	TRUST/EMPLOYER NAME:			
5	EXAM DATE:		EXAM TIME:	
6	ARE YOU BOOKED IN TO SIT AN OSCE TEST AT ANOTHER TEST CENTRE?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, which Test Centre? _____		

### YOUR EXAMINATION DETAILS

7	WHAT TYPE OF OSCE EXAM ARE YOU TAKING? <i>(Please tick)</i>	Adult Nurse <input type="checkbox"/>	Midwife <input type="checkbox"/>
		Child Nurse <input type="checkbox"/>	Mental Health <input type="checkbox"/>
		Learning Disability Nurse <input type="checkbox"/>	Nursing Associate <input type="checkbox"/>
8	IS IT A FULL EXAM OR RESIT EXAM? <i>(Please tick)</i>	Full Exam <input type="checkbox"/>	Re-sit (2 <sup>nd</sup> Attempt) <input type="checkbox"/>
		Re-sit (1 <sup>st</sup> Attempt) <input type="checkbox"/>	
9	IF YOU ARE DOING A <b>RESIT EXAM</b> , WHAT STATIONS ARE YOU RESITTING? <i>(Please list all stations that need to be re-sat)</i>		

**DECLARATION:** I confirm that the above details are correct to the best of my knowledge

Signature:	
Date:	