



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

INSTRUCTIONS FOR THE APPLICATION FOR BASIC ORTHOPAEDIC SURGICAL TRAINING

- 1) Please fill in all the information required in the registration form.
- 2) Certified true copies of your qualification(s) must be provided.
- 3) The appointment by a hospital **must be certified** by a responsible person before the respective working or training period could be recognized and registered. Please also enclose the photocopies of your:-
 - (i) Certificate of Registration with Medical Council of Hong Kong (or evidence of application); and
 - (ii) Hong Kong Identity Card.
- 4) Please attach a cheque of **HK\$500**, payable to "The Hong Kong College of Orthopaedic Surgeons", as the trainees' fee. Trainees are required to pay the trainees' fee annually.
- 5) You are also reminded to register with the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC). Contact Tel: 2871 8799. Please note that new BSTs are required to register with the HKICBSC in January or July upon their admission to the basic training programme. Late applications (i.e. beyond 31 January or 31 July) would not be processed unless there are extenuating circumstances.

Applications should be submitted within one month of commencement of Basic Surgical Training. The Hong Kong College of Orthopaedic Surgeons will not be able to process any application which fails to provide complete information and the required documents.

For any enquiry, please contact the Secretariat on Tel : 2871 8722 or Fax : 2873 4077.

Application should be sent to:

Secretariat
The Hong Kong College of Orthopaedic Surgeons
Room 905, 9th Floor
Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS
香港骨科醫學院

REGISTRATION FORM FOR BASIC ORTHOPAEDIC SURGICAL TRAINING

Name : _____
(Family Name, Given Names) (In Chinese)

Sex : _____ Date of Birth : _____ (dd/mm/yy)

HKID No. : _____ MCHK No. : _____

Correspondence Address : _____

Contact No.: _____ Pager No. : _____ Mobile : _____

E-mail Address : _____ Fax No. : _____

For the following items, please provide relevant certificates (use additional sheets if required)

Basic Medical Degree(s)

Qualification	University / Institution	Country	Year

Additional postgraduate degrees and qualifications (if applicable)

Qualification	Institution	Country	Duration of study/training	Year

TO BE CERTIFIED BY TRAINING DIRECTOR

This is to certify that Dr. _____ is offered a training post in our department effectively from ____ / ____ / ____ (dd / mm / yy) in _____ (Specialty/Training Centre).

He/She will be undergoing the first training in _____ (Specialty/Training Centre) from ____ / ____ / ____ (dd / mm / yy) to ____ / ____ / ____ (dd / mm / yy).

He/She has registered with HKICBSC and admitted to the basic training programme, the commencing date approved by HKICBSC with effect from ____ / ____ / ____ (dd / mm / yy).

Name : _____ Signature: _____

Position : _____ Training Centre : _____

Date : _____

Cheque No.: _____ Trainee's Signature: _____

Date: _____

Return Address:

The Secretariat, The Hong Kong College of Orthopaedic Surgeons, Room 905, 9/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

☎ (852) 2871 8722