



# 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 you (i) Annual Practising Certificate; 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 will receive a Training Log book if your registration is successful.
- 6) 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'

**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:**

The Secretariat  
The Hong Kong College of Orthopaedic Surgeons  
Room 905, 9<sup>th</sup> 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