

THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

**香 港 骨 科 醫 學 院**

REGISTRATION Form for rEHABILITATION SUBSPECIALTY 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)

|  |  |
| --- | --- |
| Date of Election as Fellow of the Hong Kong College of Orthopaedic Surgeons : |  |

**Additional postgraduate degrees and qualifications** (if applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualification** | **Institution** | **Country** | **Duration of study/training** | **Year** |
|  |  |  |  |  |
|  |  |  |  |  |

# To be certified by ORTHOPAEDIC REHABILITATION SUBSPECIALTY TRAINER

|  |
| --- |
| This is to certify that Dr. \_\_\_\_ will undergo Orthopaedic Rehabilitation Subspecialty Training in our department effectively from \_/ / (dd / mm / yy) in \_\_\_ \_\_\_\_\_ (Training Centre).**Name : Signature:** **Position : Training Centre :** **Date : \_\_\_**  |

A crossed cheque in **HK$2,500** (Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) made payable to “**The Hong Kong College of Orthopaedic Surgeons**” for annual training fee is enclosed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee’s Signature:** |  | **Date:** |  |