



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

Application for Trainers / Honorary Trainers in O&T

Job Description / Requirements:

1. Fellows of the Hong Kong College of Orthopaedic Surgeons (the “College”) with 2 years’ qualification of post-fellowship are eligible for application. The application will be approved by the College Education Committee in each December/January and June/July meeting.
2. The appointment will be for 3 years or less in accordance to the CME/CPD cycle of the Hong Kong Academy of Medicine and is renewable.
3. A Trainer is responsible to provide and supervise the training of orthopaedic trainees.
4. A Trainer will work under the supervision of the College Education Committee.
5. A Trainer is required to keep an annual record of the training activities and the trainees under his/her direct supervision.
6. The performance is subjected to regular evaluations by the College.
7. A Trainer is required to obtain additional 10 CME/CPD points per annual CME/CPD return (exemption for Honorary Trainer), preferably including items in the following aspects:
 - quality assurance and audit
 - self study
 - inter-hospital meetings

✉ **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

F-Trainer(rev_July2010)



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

APPLICATION FORM FOR TRAINER

SECTION 1 – PERSONAL DATA

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

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

HKID No. : _____ (optional) MCHK No. : _____

Correspondence Address : _____

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

E-mail Address : _____ Fax No. : _____

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

SECTION 2 – CURRENT PRACTICE

(Please tick)

- Public (Hospital: _____) Hospital Authority Department of Health
 Private Others (Please specify) _____

I agree to comply with College directives in regard to training and the College requirements for a Trainer that may be reviewed from time to time.

Signature: _____ Date: _____

Please submit the completed form together with a copy of your CV to the College Secretariat.

For Official Use Only

Received on: _____ Verified by: _____ Date: _____

Discussed by EC on: _____ Application Successful Yes No

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