

THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

**香 港 骨 科 醫 學 院**

REGISTRATION Form for rEHABILITATION SUBSPECIALTY training

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| --- | --- | --- | --- | --- |
| Name | : |  |  |  |
|  |  | (Family Name, Given Names) |  | (In Chinese) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sex | : |  | Date of Birth | : | (dd/mm/yy) |
|  | | | | | |
| HKID No. | : |  | MCHK No. | : |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Correspondence Address : | | |  | | | |
|  | | | | | | |
|  | | | | | | |
| Contact No. | : |  | | Mobile | : |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Email 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

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| --- |
| 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$3,000** (Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) made payable to “**The Hong Kong College of Orthopaedic Surgeons**” for annual training fee is enclosed.

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