



## THE COLLEGE OF SURGEONS OF HONG KONG

### APPLICATION FOR RESEARCH TRAINING WORKSHOP

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Name in Chinese (if applicable) \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ (dd/mm/yyyy)

Specialty \_\_\_\_\_ HKID/Passport \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

Fax \_\_\_\_\_ Mobile \_\_\_\_\_ Pager \_\_\_\_\_ Email \_\_\_\_\_

Current Hospital \_\_\_\_\_ Principal Hospital \_\_\_\_\_

I enclose a cheque for HK\$ \_\_\_\_\_ (No. \_\_\_\_\_) in favor of “**The College of Surgeons of Hong Kong Limited**”. I understand that if my application is unsuccessful, the cheque will be returned to me by post.

**Registration fee** HK \$ 800

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### AUTHORIZATION

I authorize that the above information will be used for enrollment and future communication relating to this workshop only.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THE COLLEGE OF SURGEONS OF HONG KONG  
APPLICATION FOR RESEARCH TRAINING WORKSHOP  
**IMPORTANT NOTES**

---

---

- 1) Please complete all parts of the application form. All applicants must complete the application form accurately. The College will not process any incomplete application.
- 2) The application will be confirmed only when the payment and the relevant documents are received. Applicants will receive the course materials upon successful registration. **Successfully registered applicants will receive a confirmation notice by email at least one week before the workshop (i.e. 28 August 2017).**
- 3) **Fee Payment**  
  
Registration fee: HKD 800  
  
Please submit the application form together with a crossed cheque of HKD 800 in favor of “The College of Surgeons of Hong Kong **Limited**” at the following address:  
*The College Secretariat (Application for Research Training Workshop)*  
*The College of Surgeons of Hong Kong*  
*601, 6/F, Hong Kong Academy of Medicine Jockey Club Building*  
*99 Wong Chuk Hang Road*  
*Aberdeen, Hong Kong*
- 4) **Target Participants**  
  
Compulsory for Higher Surgical Trainees in all Specialties admitted from 1/7/2011 onwards. They are highly recommended to attend during their 1st year of training and are required to complete 24 months before the end of training.
- 5) **Course capacity:**  
20 (First-come-first-served basis)
- 6) **Certificate:**  
Certificate of Attendance will only be issued to those who have attended **all** sessions of the course.
- 7) **Assessment:**  
Assessment will be conducted at the end of the course.
- 8) **Attendance:**
  - Trainees are expected to be punctual at all times. Attendance will **not** be counted if trainees arrive 30 minutes after the lecture starts or leave 30 minutes before the lecture ends unless pre-approval is obtained and valid reason is provided.
  - If, for any reason, trainees have been unable to attend the workshop, he/she must write to the College of Surgeons of Hong Kong **at least 14 days in advance** of the date of the workshop giving reason for the absence in his/her application.
  - If any trainee is unable to attend the workshop because of illness on the day of the workshop, he/she must submit a Medical Certificate **no later than 14 days** after the date of the workshop.
  - Late arrival or early departure is not allowed. Your commitment to the course is vital.
- 9) **Course materials:**  
Pre-course & In-course electronic materials will be dispatched to successfully registered applicants

For enquiry, please contact Ms Chloe CHAN

(Tel) 2871 8794 / (Fax) 2515 3198 / (Email) chloechan@cshk.org

Updated as at 31 July 2017