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**THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH
THE COLLEGE OF SURGEONS OF HONG KONG**

JOINT SPECIALTY FELLOWSHIP EXAMINATION IN PAEDIATRIC SURGERY

APPLICATION FORM

Last name of candidate : _____
(BLOCK LETTERS)

Other names in full : _____
(BLOCK LETTERS)

Date of birth : _____ Sex : _____

Degrees or qualifications where obtained, with dates : _____

(Candidates whose names do not appear in the current medical register must submit evidence of the qualification, and the date of acquirement thereof.)

Full postal address : _____
(for examination notice)

Contact telephone no. : _____ Fax : _____

Pager : _____ Mobile phone no.: _____

Permanent address : _____

Email address : _____

*Remarks: Applicants are required to provide **the most updated and valid email address and corresponding address.** The College of Surgeons of Hong Kong will not take any responsibility of the consequence if any message delivering to the above email address and corresponding address cannot reach the applicants.*

Date and year of passing Intercollegiate Part 3 Examination _____ *(Please enclose certified true copy of your diploma.)*

I wish to apply for the Joint Specialty Fellowship Examination in Paediatric Surgery to be held in _____ (month) _____ (year).

I enclose a cheque (no. _____) made payable to "**The College of Surgeons of Hong Kong Limited**" for payment of the required fee.

Date _____ Signature _____

JOINT SPECIALTY FELLOWSHIP EXAMINATION IN PAEDIATRIC SURGERY

Only candidates who hold a Membership of the College of Surgeons of Hong Kong, and who have undertaken a minimum of three and a half years of accredited higher training in Paediatric Surgery in Hong Kong can proceed to sit for this Examination. Successful candidates will not be conferred their diploma until evidence of four years of accredited higher training in Paediatric Surgery has been received.

Accredited higher training in Paediatric Surgery:-

Period (dd/mm/yy to dd/mm/yy)	Hospital Name and Hospital Stamp (Hospital stamp required for each period of training*)	Name of Supervisor	Signature of Supervisor

***All stamps must be in English** (Please use separate sheet if space is not enough)

Mandatory Courses Completed

Name of courses	Date of completing the courses
Advanced Trauma Life Support Course (ATLS)	dd/mm/yy
Paediatric Advanced Life Support Course	dd/mm/yy
Research Training Workshop	dd/mm/yy

Research Project approved by Research Committee

Name of Research project approved	Date of completion
	dd/mm/yy
	dd/mm/yy

(Please enclose certified true copy of your Certificate of Completion of the above courses and Completion of Research Requirement)

Authorization-Release of Result

I authorize the College of Surgeons of Hong Kong to release the information relating to my training, performance and examination results to my supervisor(s) of respective hospital(s) and accrediting committee of the College for assessment.

Signature of Applicant

Date

IMPORTANT NOTICE

This application and all required supporting documents **MUST** reach to the College of Surgeons of Hong Kong, Room 601, 6th Floor, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong, **on or before the closing date** indicated in the examination calendar, together with the full amount of the fee.

Applicant must successfully complete 42-month of training by the date of application. For applicant who will complete their 42-month of training by 31st December 2017, please enclose a supporting letter from Chief of Service / training supervisor certifying their fulfilment of training period with their application.

A processing fee **HKD \$1,654** will be charged for any unsuccessful application, including incomplete application. It is the applicant's responsibility to ensure that they fulfil the eligibility criteria, and to make sure all required documentation and fee are submitted by the required date. Late application or incomplete application (including insufficient postage) will not be accepted. No allowance will be made for postal or other delays.

Candidates intending to withdraw from the examination must inform the College of Surgeons of Hong Kong in writing. Examination fee, less 20% administration charges, can be returned to the candidate or transferred for the next diet of examination if written notice is received by the College prior to the closing date. Half of the examination fee may be returned or transferred for the next diet of the examination if written notice is received not less than 21 days before the commencement of the examination. After that date no refund or transfer of examination fees will normally be made to candidates who withdraw from or fail to sit for examinations for any reason whatsoever.

No change can be made after the dates for the oral and clinical examinations have been allocated.

NOTE: NO APPLICATION FORMS OR DOCUMENTS/CERTIFICATES WILL BE ACCEPTED BY FAX.

* Only Hong Kong candidates are eligible to apply for this examination.

** Application received will be acknowledged by email.