



Hong Kong Intercollegiate Board of Surgical Colleges

Withdrawal from Basic Surgical Training

To: The Honorary Secretary
The College of Surgeons of Hong Kong
Room 601, 6/F, Hong Kong Academy of Medicine,
99 Wong Chuk Hang Road,
Aberdeen, Hong Kong (Fax: 2518 3200)

I write to inform you that I (**Full name in English in Block Letters**) _____ (**HKID/Passport No.** _____) would like to withdraw from the Basic Surgical Training Program of the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC) on _____ (**Effective Date DD/MM/YY***) when I will be working in my current/future** rotation at _____(Department)_____ (Hospital)

*(*The effective date is important so that we are able to process your withdrawal for the appropriate rotation. Please allow at least four weeks between your submission and your proposed effective date for processing of your application. **Delete whichever is not applicable.)*

Important: Your withdrawal is IRREVOCABLE.

I understand that all submitted trainee enrolment and annual subscription fees will not be refunded. I also acknowledge that the Hong Kong Intercollegiate Board of Surgical Colleges will no longer process my Hong Kong Academy of Medicine (HKAM) MCHK CME Programme, and the HKAM will be informed of my withdrawal of training. Upon my withdrawal, my name will be removed from the Register of the Hong Kong Intercollegiate Board of Surgical Colleges.

I affirm that I have considered and understood the effects of this withdrawal.

Signature _____

Date: _____

(Please send this completed form to the College Secretariat by post or by email at kilam@cshk.org or fax 2518 3200)

For Office use ONLY:

Received date: _____

Updated database:

Name of Handling Staff: _____

Updated personal folder:

Copy to HKAM: