



香港外科醫學院

The College of Surgeons of Hong Kong

601, Hong Kong Academy of Medicine Jockey Club Building

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Withdrawal from Higher 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 Higher Training Program of the College of Surgeons of Hong Kong (CSHK) on _____ (**Effective Date***) 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 understand that upon my withdrawal from Higher Surgical Training, my name will be removed from the Registry of Higher Surgical Trainees of CSHK and Hong Kong Academy of Medicine (HKAM) will be informed of such withdrawal.

I affirm that I have considered and understand the effects of this withdrawal(s).

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: _____

Name of Handling Staff: _____

Updated database:

Updated personal folder:

Copy to HKAM: