THE COLLEGE OF SURGEONS OF HONG KONG

Room 601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: (852) 2871 8799 Fax: (852) 2515 3198 E-mail: info@cshk.org

APPLICATION FORM FOR FELLOWSHIP WITHOUT EXAMINATION

IMPORTANT NOTES TO APPLICANTS:

Applicants must read the **"Eligibility for Fellowship without Examination"** before completing this application form.

1. This application form should be typed or written in block letters. Please use separate sheets for details or explanations if necessary. The College will not process any incomplete application.
2. Applicants are requested to attach the following required documents to support information given in the application. These copies are not returnable and will be verified in due course.

   Certified True Copy of:
   - **University Certificate**
   - **Medical Registration Ordinance - Annual Practising Certificate**
   - Other relevant examinations/qualifications(if any)

3. **A crossed cheque of HKD 12,100** (Entrance fee HKD 8,800 and Annual Subscription Fee HKD 3,300) should be made payable to "The College of Surgeons of Hong Kong **Limited**". The cheque will be returned to the applicant by post if the application is unsuccessful.

   ** Applicants pay for the registration fee through Telegraph Transfer should notify the College in advance and submit their transaction details together with the application form. Applicants should pay an additional amount of HKD 300 for Bank charge if choosing to submit the registration fee through Telegraph Transfer*

4. It is the responsibility of the applicant to make sure the application form reach our office on time. Late application or incomplete application (including insufficient postage) will not be accepted. No allowance will be made for postal or other delays. **Application received will be acknowledged by email.**

   A processing fee of HKD 600 will be charged for any unsuccessful application, including incomplete application (including insufficient postage). It is the applicant's responsibility to ensure that they fulfill the eligibility criteria, and to make sure all required documentation and fees are submitted by the required date.

5. All information given in this form will be treated **STRICTLY CONFIDENTIAL**.

6. Application should be sent to:

   The College Secretariat (Fellowship Without Examination)
   The College of Surgeons of Hong Kong
   Rm 601, Hong Kong Academy of Medicine Jockey Club Building
   99 Wong Chuk Hang Road, Aberdeen, Hong Kong

7. For general enquiry, please contact the College Secretariat:

   Tel: (852) 2871 8799 Fax: (852) 2515 3198 Email: info@cshk.org

For Office Use

Applicant Name

_____

Approved by E&EC on

_____

Signature

_____

Approved by Council on

_____

Signature

_____

SPECIALTY: _____

I PERSONAL PARTICULARS

Surname:	Given Name (in full):
Name in Chinese (if applicable):	Date of Birth(dd/mm/yy):
Hong Kong I.D. Card No/ Passport No:	Sex: Female / Male (Please delete as appropriate)
Name to be printed on FCSHK Diploma: *(the name order printed on the diploma should be exactly as it appears on your HKID card/Passport)*	(English) (Chinese)

*Correspondence Address:	Telephone Number
	Office:
	Res.:
Permanent Address:	Mobile:
	Pager:
	Fax:

*Email Address:

*** Remarks: Fellows are required to keep the College informed of the most updated Email Address and Correspondence Address. The College will not take any responsibility of the consequence if any message delivering to the above email address or correspondence address cannot reach them in the future.**

II CURRENT APPOINTMENT

☐ HOSPITAL AUTHORITY (Please specify _____)

☐ UNIVERSITY (HKU / CUHK - Please delete as appropriate)

☐ PRIVATE - Date of commencement of practice _____(Month/ Year)

➢ Are you a Registered Medical Practitioner in Hong Kong? ☐ YES ☐ NO

III BASIC MEDICAL QUALIFICATION (e.g. MBBS, etc.)	Date Obtained (Month / Year)

IV PROFESSIONAL QUALIFICATIONS (in chronological order)

Name of Professional Qualifications	Date Obtained (Month / Year)

SUPPORT FOR APPLICATION

I hereby declare that I have known the applicant for at least two years and the information submitted by the applicant is to the best of my knowledge, truthful and correct.

_____(Name of Proposer) _____(Signature)
(BLOCK LETTERS)

_____(Name of Proposer) _____(Signature)
(BLOCK LETTERS)

_____(Name of Proposer) _____(Signature)
(BLOCK LETTERS)

_____(Name of Proposer) _____(Signature)
(BLOCK LETTERS)

_____(Name of Proposer) _____(Signature)
(BLOCK LETTERS)

Remarks: The proposers must be **paid-up Fellows** of The College of Surgeons of Hong Kong.

DECLARATION

1. **I declare that the information provided by me in this document (the "Information") is true and complete.**
2. **I consent to provide the Information and my personal data from time to time collected by the College of Surgeons of Hong Kong Limited (the "College") (all the Information and such personal data are together called "Personal Data") for the administration and management of the College and training, education, practice, professional accreditation and registration in relation to medicine.**
3. **I acknowledge and consent that in relation to the above-mentioned purposes my Personal Data may be transferred by the College to (a) the Hospital Authority, the Hong Kong Academy of Medicine, the Medical Council of Hong Kong, any hospitals, clinics or similar medical institutions providing medical treatment and health care and other professional and regulatory bodies related to medicine all of which may further share the use of such Personal Data amongst themselves and (b) other persons as required by law.**
4. **I acknowledge that it is my responsibility to inform the College in writing of any change in my Personal Data (e.g. correspondence address, place of work, email address etc.). The College will not be liable to me for any loss or damage that may arise or be incurred as a result of my failure to inform the College of such change in my Personal Data in a timely manner.**

_____(Signature of Applicant) _____(Date)

I enclose a cheque (No.) for HK$ _____ made payable to "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.

Fees
Entrance Fee HKD 8,800 and Annual Subscription Fee HKD 3,300.

_____(Signature of Applicant) _____(Date)

Please send application to:

The College Secretariat (Fellowship Without Examination Application)
The College of Surgeons of Hong Kong
Rm 601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang, Aberdeen, Hong Kong

THE COLLEGE OF SURGEONS OF HONG KONG

CHECKLIST FOR FELLOWSHIP WITHOUT EXAMINATION APPLICATION

Please ensure the followings are enclosed with the Application Form for Fellowship without Examination:

Certified True Copy of:

- ☐ **University Certificate**
- ☐ **Medical registration ordinance – Annual Practising Certificate**
- ☐ Other relevant examinations / qualifications(if any)
- ☐ **A crossed cheque** of **HKD 12,100** (Entrance fee HKD 8,800 and Annual Subscription Fee HKD 3,300) should be made payable to "The College of Surgeons of Hong Kong **Limited**"
- ☐ Signatures by **5 paid-up Fellows** (Those who had paid annual subscription fee in the same calendar year)
- ☐ **Sufficient postage** (otherwise the application will be treated as incomplete application which will **NOT** be processed.)