

Please complete and return the form by **19 May 2023 (Friday)**

To: *Mr Ki LAM*  
*Executive Officer*  
*The College of Surgeons of Hong Kong*

Tel: 2871 8754 Fax: 2515 3198

**Higher Surgical Training in General Surgery  
Rotational Training Program**

**Application Form for JUL – DEC 2023 Rotation**

Name of Trainee: \_\_\_\_\_ Parent Training Centre: \_\_\_\_\_

My past HST training history:

1 <sup>st</sup> year of HST training		2 <sup>nd</sup> year of HST training		3 <sup>rd</sup> year of HST training		4 <sup>th</sup> year of HST training	
Training Period	Training Centre (Subspecialty)	Training Period	Training Centre (Subspecialty)	Training Period	Training Centre (Subspecialty)	Training Period	Training Centre (Subspecialty)
Remarks:							

My preference of training center in the July – December 2023 rotation\*:

1<sup>st</sup> choice: \_\_\_\_\_ (Subspecialty: \_\_\_\_\_)

2<sup>nd</sup> choice: \_\_\_\_\_ (Subspecialty: \_\_\_\_\_)

3<sup>rd</sup> choice: \_\_\_\_\_ (Subspecialty: \_\_\_\_\_)

Signature of trainee: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please note that your preferences are not guaranteed and your rotation will be arranged according to the actual posts available.  
# All information given in this form will be treated **STRICTLY CONFIDENTIAL** and it will be used **solely for the purpose of the Rotational Training Program**.