

Please complete and return the form by **30 April 2024 (Tuesday)**

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 2024 Rotation

Name of Trainee: _____ Parent Training Centre: _____

My past HST training history:

1 st year of HST training		2 nd year of HST training		3 rd year of HST training		4 th 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 2024 rotation*:

1st choice: _____ (Subspecialty: _____)

2nd choice: _____ (Subspecialty: _____)

3rd 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**.