



# The College of Surgeons of Hong Kong

## Paediatric Surgery Emergency Course On 2 September 2023 (Saturday) Application Form

Please write in CAPITAL LETTERS.

Names in full: (in English) \_\_\_\_\_

Names in full: (in Chinese) \_\_\_\_\_ Passport/ HKID no. \_\_\_\_\_

Gender: Female Male (circle as appropriate) Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Day/Month/Year)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone numbers: Contact number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Remarks: Applicants are required to provide the most updated and valid email address and corresponding address.  
The CSHK will not take any responsibility of the consequence if any message delivering to the above email address and corresponding address cannot reach you.

Date of registered as BST: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Day/Month/Year)

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**Registration fee:** HK \$ 1,000 (Refundable Deposit)

**(Remark: The deposit will be refunded upon attendance and completion of course.)**

I enclose a cheque for HK\$ \_\_\_\_\_ (No. \_\_\_\_\_) in favor of “**The College of Surgeons of Hong Kong Limited**”. I understand that

- 1) If my application is unsuccessful, the cheque will be returned to me by post.
- 2) In the event that I wish to withdraw after the application deadline (1 August 2023), no refund will be made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### AUTHORIZATION

I authorize that the above information will be used for enrollment and future communication relating to this workshop only.

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### **Important note to applicants**

1. The Paediatric Surgery Emergency Course organized by the Paediatric Surgery Board as detailed hereunder:  
  
Date : 2 September 2023 (Saturday)  
Time : 8:00am – 1:00pm  
Venue : Simulation Training Centre, 1/F, Tower A,  
Hong Kong Children's Hospital  
1 Shing Cheong Road, Kowloon Bay, Kowloon, Hong Kong
2. Target Participants  
Basic Surgical Trainees
3. Course capacity:  
12 (First-come-first-served basis)
4. Please complete all parts of the application form. All applicants must complete the application form accurately. The College will not process any incomplete application.
5. Attendance:  
Trainees are expected to be punctual at all times. Attendance will not be counted if trainees arrive 30 minutes after the lecture starts or leave 30 minutes before the lecture ends unless pre-approval is obtained and valid reason is provided. No withdrawal is accepted after confirmation of application and no refund will be arranged. Late arrival or early departure is not allowed. Your commitment to the course is vital
6. The application will be confirmed only when the payment and the relevant documents are received.
7. All information given in this application form will be treated STRICTLY CONFIDENTIAL.
8. Payment method of application fee \$1,000. Applicants should pay the fee by a crossed cheque made payable to "**The College of Surgeons of Hong Kong LIMITED**" in Hong Kong dollars. Please write your name and contact number at the back of the cheque.
9. Application form and cheque should be sent into the below address **by 1 August 2023 (Tuesday)**:  
(To: Ms Chloe CHAN)  
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  
(Application for Paediatric Surgery Emergency Course – 6 November 2022)
10. For enquiry, please contact Ms Chloe CHAN (Tel) 2871 8794/ (Fax) 2518 3200 / (Email) chloechan@cshk.org