



The College of Surgeons of Hong Kong

Simulation Training in Communication

On 24 August 2019 (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)

Registration fee: HK \$ 1,200 (Refundable Deposit)

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

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 (9 August 2019), no refund will be made.

Signature

Date

AUTHORIZATION

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

Important note to applicants

1. The Simulation Training in Communication as detailed hereunder:

Date : 24 August 2019 (Saturday)
Time : 9:00am – 1:00pm
Venue : 5/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

2. Target Participants
Basic Surgical Trainees
3. Course capacity:
27 (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 \$1,200. 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 9 August 2019 (Friday)**:
(To: Mr. Gabriel LO)
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 Simulation Training in Communication – 24 August 2019)
10. For enquiry, please contact Mr. Gabriel LO (Tel) 2871 8798/ (Fax) 2518 3200 / (Email) gabriello@cshk.org