



# THE COLLEGE OF SURGEONS OF HONG KONG

**RACS 2023 Younger Fellows Forum**  
**28 April - 30 April 2023 (Friday to Sunday)**

## APPLICATION FORM

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Surgical Specialty: \_\_\_\_\_ Gender: Male / Female

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

My First Surgical Fellowship: \_\_\_\_\_ Year of Fellowship: \_\_\_\_\_

Are you a Fellow of The Royal Australasian College of Surgeons? Yes / No

Employment Status:  Hospital Authority  Academic Institution  Private Practice

Current Hospital: \_\_\_\_\_

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*Please answer the following questions:*

1. Have you received any sponsorship from the College to any meeting/ conference before?  
Yes / No

2. If your answer to Question (1) is "Yes", please provide information of the meeting/ conference that you had attended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please write 100-200 words about your reason(s) of interest and how you will share the experience with the College.

*I hereby declare that I agree to provide the above information to the College of Surgeons of Hong Kong and the information provided above in support of this application is accurate.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Please submit your application form and CV to the College Secretariat ***on or before 14 November 2022***  
Attention to Mr. Kenny CHAM by **email** [kennycham@cskhk.org](mailto:kennycham@cskhk.org)  
**OR by post:** 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

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Approved by Council on \_\_\_\_\_