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THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH
THE COLLEGE OF SURGEONS OF HONG KONG

JOINT SPECIALTY FELLOWSHIP EXAMINATION IN PAEDIATRIC SURGERY

APPLICATION FORM

Last name of candidate : _____
(BLOCK LETTERS)

Other names in full : _____
(BLOCK LETTERS)

Date of birth : _____ Sex : _____

Degrees or qualifications where obtained, with dates : _____

_____

(Candidates whose names do not appear in the current medical register must submit evidence of the qualification, and the date of acquirement thereof.)

Full postal address : _____
(for examination notice)

_____

_____

Contact telephone no. : _____ Fax : _____

Pager : _____ Mobile phone no.: _____

Permanent address : _____

_____

_____

Email address : _____

Remarks: Applicants are required to provide ***the most updated and valid email address and corresponding address****. The College of Surgeons of Hong Kong will not take any responsibility of the consequence if any message delivering to the above email address and corresponding address cannot reach the applicants.*

Date and year of passing Intercollegiate Part 3 Examination _____***(Please enclose certified true copy of your diploma.)***

I wish to apply for the Joint Specialty Fellowship Examination in Paediatric Surgery to be held on **12 May 2026 (SBA Examination) and 24 June 2026 (Viva & Clinical Viva Examinations).**

I enclose TWO cheques (no. _____ and no. _____) made payable to "**The College of Surgeons of Hong Kong Limited**" for payment of the required fee.

Date _____ Signature _____

JOINT SPECIALTY FELLOWSHIP EXAMINATION IN PAEDIATRIC SURGERY

Only candidates who hold a Membership of the College of Surgeons of Hong Kong, and who have undertaken a minimum of three and a half years of accredited higher training in Paediatric Surgery in Hong Kong can proceed to sit for this Examination. Successful candidates will not be conferred their diploma until evidence of four years of accredited higher training in Paediatric Surgery has been received.

Please seek your existing COS/Supervisor to verify and confirm your rotation training periods listed below are correct and accurate by signing this page with hospital stamp.

Accredited higher training in Paediatric Surgery: -

Period in chronological order & in 3 or 6 months period		**Hospital Name**
From (dd/mm/yy)	To (dd/mm/yy)	

* (Please use separate sheet if space is not enough)

Name of existing COS/Supervisor for current training rotation: _____

Signature of existing COS/ Supervisor: _____

Hospital Stamp (must be in English)

_____

Mandatory Courses Completed

Name of courses	Date of completing the courses
Advanced Trauma Life Support Course (ATLS)	dd/mm/yy
Paediatric Advaced Life Support Course	dd/mm/yy
Paediatrics Safe Sedation Simulation Course	dd/mm/yy
Research Training Workshop	dd/mm/yy

Research Project approved by Research Committee

Name of Research project approved	Date of completion
	dd/mm/yy
	dd/mm/yy

(Please enclose certified true copy of your Certificate of Completion of the above courses and Completion of Research Requirement)

Authorization-Release of Result

I authorize the College of Surgeons of Hong Kong to release the information relating to my training, performance and examination results to my supervisor(s) of respective hospital(s) and accrediting committee of the College for assessment.

_____ _____

Signature of Applicant Date

IMPORTANT NOTICE

This application and all required supporting documents **MUST** reach to the College of Surgeons of Hong Kong, Room 601, 6th Floor, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong, **on or before the closing date** indicated in the examination calendar, together with the full amount of the fee.

Applicant must successfully complete 42-month of training by the date of application and the training should NOT be interrupted 6 months prior to the examination.

A processing fee **HKD $2,500** will be charged for any unsuccessful application, including incomplete application. It is the applicant's responsibility to ensure that they fulfil the eligibility criteria, and to make sure all required documentation and fee are submitted by the required date. Late application or incomplete application will not be accepted. No allowance will be made for postal or other delays.

For application withdrawals, please refer to the Regulations of the Joint Specialty Fellowship Examination in Paediatric Surgery.

No change can be made after the dates for the oral and clinical examinations have been allocated.

NOTE: NO APPLICATION FORMS OR DOCUMENTS/CERTIFICATES WILL BE ACCEPTED BY FAX.

* Only Hong Kong candidates are eligible to apply for this examination.
** Application received will be acknowledged by email.