



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

Tel: (852) 2871 8799

Fax: (852) 2515 3198

E-mail: info@cshk.org

APPLICATION FORM FOR FELLOWSHIP WITHOUT EXAMINATION

IMPORTANT NOTES TO APPLICANTS:

Applicants must read the “**Eligibility for Fellowship without Examination**” before completing this application form.

1. This application form should be typed or written in block letters. Please use separate sheets for details or explanations if necessary. The College will not process any incomplete application.
2. Applicants are requested to attach the following required documents to support information given in the application. These copies are not returnable and will be verified in due course.

Certified True Copy of:

- ☞ **University Certificate**
- ☞ **Medical Registration Ordinance - Annual Practising Certificate**
- ☞ Other relevant examinations/qualifications(if any)

A **crossed cheque of HKD 5,000**(Entrance fee HKD 3,000 and Annual Subscription Fee HKD 2,000) should be made payable to “The College of Surgeons of Hong Kong **Limited**”. The cheque will be returned to the applicant by post if the application is unsuccessful.

- ☞ **Proposed by 5 paid-up Fellows** (Those who had paid annual subscription fee in the same calendar year)

3. All information given in this form will be treated **STRICTLY CONFIDENTIAL**.
4. Application should be sent to:

The College Secretariat (Fellowship Without Examination)

The College of Surgeons of Hong Kong
Rm 601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

6. For general enquiry, please contact the College Secretariat:

Tel: (852) 2871 8799 Fax: (852) 2515 3198 Email: info@cshk.org

For Office Use

Applicant Name

Approved by E&EC on

Signature

Approved by Council on

Signature

SPECIALTY: _____	
I PERSONAL PARTICULARS	
Surname:	Given Name (in full):
Name in Chinese (if applicable):	Date of Birth(dd/mm/yy):
Hong Kong I.D. Card No/ Passport No:	Sex: Female / Male (Please delete as appropriate)
*Correspondence Address:	Telephone Number
	Office:
	Res.:
Permanent Address:	Mobile:
	Pager:
	Fax:
*Email Address:	
* Remarks: Fellows are required to keep the College informed of the most updated Email Address and Correspondence Address. The College will not take any responsibility of the consequence if any message delivering to the above email address or correspondence address cannot reach them in the future.	
II CURRENT APPOINTMENT	
<input type="checkbox"/> HOSPITAL AUTHORITY (Please specify _____)	
<input type="checkbox"/> UNIVERSITY (HKU / CUHK - Please delete as appropriate)	
<input type="checkbox"/> PRIVATE - Date of commencement of practice _____(Month/ Year)	
➤ Are you a Registered Medical Practitioner in Hong Kong? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please delete as appropriate)	
III BASIC MEDICAL QUALIFICATION (e.g. MBBS, etc.)	Date Obtained (Month / Year)
IV PROFESSIONAL QUALIFICATIONS (in chronological order)	
Name of Professional Qualifications	Date Obtained (Month / Year)

SUPPORT FOR APPLICATION

I hereby declare that I have known the applicant for at least two years and the information submitted by the applicant is to the best of my knowledge, truthful and correct.

_____ (Name of Proposer) _____ (Signature)
(BLOCK LETTERS)

_____ (Name of Proposer) _____ (Signature)
(BLOCK LETTERS)

_____ (Name of Proposer) _____ (Signature)
(BLOCK LETTERS)

_____ (Name of Proposer) _____ (Signature)
(BLOCK LETTERS)

_____ (Name of Proposer) _____ (Signature)
(BLOCK LETTERS)

Remarks: The proposers **must be paid-up Fellows** of The College of Surgeons of Hong Kong.

DECLARATION

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

I understand that it is my responsibility to inform the College for any change of personal particulars, e.g. Correspondence Address, Place of work, Email Address, etc. The College will not be responsible for any issues arise as a result of failure to inform the College.

_____ (Signature of Applicant) _____ (Date)

AUTHORIZATION - Release of Result

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

_____ (Signature of Applicant) _____ (Date)

I enclose a cheque (No. _____) for HK\$ _____ made payable to “The College of Surgeons of Hong Kong **LIMITED**”. I understand that if my application is unsuccessful, the cheque will be returned to me by post.

Fees

Entrance Fee HKD 3,000 and Annual Subscription Fee HKD 2,000.

_____ (Signature of Applicant) _____ (Date)

Please send application to:

The College Secretariat (Fellowship Without Examination)
The College of Surgeons of Hong Kong
Rm 601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang, Aberdeen, Hong Kong

THE COLLEGE OF SURGEONS OF HONG KONG

CHECKLIST FOR FELLOWSHIP WITHOUT EXAMINATION APPLICATION

Please ensure the followings are enclosed with the Application Form for Fellowship without Examination:

Certified True Copy of:

- University Certificate**
- Medical registration ordinance – Annual Practising Certificate**
- Other relevant examinations / qualifications(if any)
- A crossed cheque of HKD 5,000**(Entrance fee HKD 3,000 and Annual Subscription Fee HKD 2,000) should be made payable to “The College of Surgeons of Hong Kong **Limited**”
- Signatures by **5 paid-up Fellows** (Those who had paid annual subscription fee in the same calendar year)