



Hong Kong Intercollegiate Board of Surgical Colleges

BASIC TRAINEE REGISTRATION FORM

IMPORTANT NOTES TO APPLICANTS:

Applicants must read the “**Notice for Applicant of Basic Surgical Trainee**” before completing this form.

1. This application form should be typed or written in block letters. Please use separate sheets for details or explanations if necessary. The Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC) will not process any incomplete application.
2. All information given in this form will be treated **STRICTLY CONFIDENTIAL**.
3. Applicants are requested to attach the required documents as listed in the “**Notice for applicant of Basic Surgical Trainee**” to support information given in the application. These copies are not returnable and will be verified in due course.
4. **A crossed cheque of HKD 3,000** (Entrance fee HKD 1,700 & Annual Registration Fee HKD 1,300) 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.

** Applicants pay for the registration fee through Telegraph Transfer should notify the College in advance and submit their transaction details together with the application form. Applicants should pay an additional amount of **HKD 200** for Bank charge if choosing to submit the registration fee through Telegraph Transfer*

***Applicants are required to pay the registration fee annually within the first month of the year until they have completed their Basic Surgical Training.*

5. A processing fee of HKD 300 will be charged for any unsuccessful application, including incomplete application (including insufficient postage) It is the applicant’s responsibility to ensure that they fulfill the eligibility criteria, and to make sure all required documentation and fees are submitted by the required date. To avoid unnecessary delivery delay or unsuccessful delivery, it is the responsibility of the applicant to ensure that all mail items bear **sufficient postage by weight and mail format**.

6. Application should be sent to:

HKICBSC Secretariat (BST Registration)

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

All applicants must submit the Registration Form to HKICBSC Secretariat within the first month of training. It is the responsibility of the applicant to make sure the application form reach our office on time. Late application or incomplete application (including insufficient postage) will not be accepted. No allowance will be made for postal or other delays. Late submission will render the respective training period not recognized. Application received will be acknowledged by email.

7. For general enquiry, please contact HKICBSC Secretariat:

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

For Office Use

Applicant Name



Hong Kong Intercollegiate Board of Surgical Colleges

BASIC TRAINEE REGISTRATION FORM

Applicants must read the "Notice for Applicant of Basic Surgical Trainee" before completing this form.

Surname: _____ Given Name: _____ Name in Chinese: _____

HK I/D No. / Passport No. _____ Date of Birth _____ (dd/mm/yr) Gender _____

Address: Office _____

Residence _____

➤ Address for Correspondence: Office Residence (Please tick ONE only)

*E-mail: _____ Office Tel : _____

Tel(Residence): _____ Mobile: _____ Fax: _____ Pager : _____

***Remarks: Trainees are required to keep HKICBSC informed of the most updated email and correspondence address. HKICBSC 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.**

Employment Type (Please tick below as appropriate)

HA Permanent Full-Time HA Contract Full-Time (Contract Start _____ End _____)

University (HKU / CUHK – Please delete as appropriate)

Please provide the relevant certificates for the followings qualification:

Basic Medical Qualification where obtained with date _____

Date of Passing MHKICBSC Part 1 Exam _____ (Month/Year) Other Qualifications _____

Date of Passing MHKICBSC Part 2 Exam _____ (Month/Year)

COMMENCEMENT OF BASIC TRAINING

Declaration of Specialty Interest (if any) (Please tick either <u>ONE</u>)				
Cardiothoracic Surgery <input type="checkbox"/> General Surgery <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Vascular Surgery <input type="checkbox"/>	Paediatric Surgery <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Urology <input type="checkbox"/>	ENT <input type="checkbox"/> O&T <input type="checkbox"/> *NIL <input type="checkbox"/> (No specific interest)		
* Applicants who do not declare any specialty interest will be automatically placed in General Surgery				
Principal Hospital			Principal Department	
Details of your first rotation in Basic Training	Specialty in Training	Training Hospital	Training Period	
			From (dd/mm/yr)	To (dd/mm/yr)

TO BE CERTIFIED BY SUPERVISOR OR TRAINER

This is to certify that Dr. _____ has not contravened the Rules & Regulations stipulated by HKICBSC, and will be having his/her Basic Surgical Training from _____ (dd/mm/yr) in _____(Specialty).

Name : _____ Signature: _____
Post : _____ Institution : _____
Date : _____ *(Stamp with Institution Chop)*

Declaration

1. I declare that the information provided by me in this document (the “Information”) is true and complete.
2. I consent to provide the Information and my personal data from time to time collected by the Hong Kong Intercollegiate Board of Surgical Colleges (the “HKICBSC”) (all the Information and such personal data are together called “Personal Data”) for the administration and management of the HKICBSC and training, education, practice, professional accreditation and registration in relation to medicine.
3. I acknowledge and consent that in relation to the above-mentioned purposes my Personal Data may be transferred by the HKICBSC to (a) the Hospital Authority, the Hong Kong Academy of Medicine, the Medical Council of Hong Kong, any hospitals, clinics or similar medical institutions providing medical treatment and health care and other professional and regulatory bodies related to medicine all of which may further share the use of such Personal Data amongst themselves and (b) other persons as required by law.
4. I acknowledge that it is my responsibility to inform the HKICBSC in writing of any change in my Personal Data (e.g. correspondence address, place of work, email address etc.). The HKICBSC will not be liable to me for any loss or damage that may arise or be incurred as a result of my failure to inform the HKICBSC of such change in my Personal Data in a timely manner.


Signature: _____ Date : _____

Please submit this form together with a crossed cheque of **HKD 3,000** as registration fee which should be made payable to “The College of Surgeons of Hong Kong Limited”.

Cheque No.: _____ Trainee’s Signature: _____

✉ Return Address:

HKICBSC Secretariat(BST Registration), The College of Surgeons of Hong Kong, Room 601, 6/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

 (852) 2871 8799

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

CHECK LIST FOR BASIC TRAINEE REGISTRATION FORM

Please ensure the following documents are enclosed with the BST Registration Form:

- A crossed cheque** with the amount of **HKD 3,000** payable to “The College of Surgeons of Hong Kong **Limited**”
- Sufficient postage** (otherwise the application will be treated as incomplete application which will **NOT** be processed.)

Certified True Copy of:

- University Certificate (Basic Medical Qualification)**
- Letter** certifying registrable qualification with the Medical Council of Hong Kong or **Medical Registration Ordinance – Annual Practising Certificate**
- MHKICBSC Examination Result Slip (Part 1/ 2) (if any)
- Other relevant examinations / qualifications (if any)

Please specify _____