



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

Tel: (852) 2871 8799 Fax: (852) 2515 3198 E-mail: info@cshk.org

APPLICATION FORM FOR ORDINARY MEMBERSHIP

IMPORTANT NOTES TO APPLICANTS:

Applicants must read the “**Eligibility for Ordinary Membership**” 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 required documents as listed in the “**Eligibility for Ordinary Membership**” to support information given in the application. These copies are not returnable and will be verified in due course.
3. **A crossed cheque of HKD 8,000** (Entrance fee HKD 6,000 & 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.

Concession Rate for Application of MRCSEd and MCSHK: The Applicant can also apply for the Membership of The Royal College of Surgeons of Edinburgh (MRCSEd). **A crossed cheque of HKD 500** (Entrance fee) should be made payable to “The College of Surgeons of Hong Kong **Limited**” for the MRCSEd application, i.e.: a total of HKD 5300 for both MRCSEd and MCSHK applications.

** The Annual Subscription Fee will be collected by The Royal College of Surgeons of Edinburgh*

*** If the applicants did not apply for MRCSEd when submitting this application, the College would not assist his/her MRCSEd applications in future.*

**** 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*

***** For applicants who apply for the Ordinary Membership of The College of Surgeons of Hong Kong beyond the year he/she was eligible to be conferred, he/she is required to pay for the Entrance Fee HKD 6,000 and the previous Annual Subscription Fees for retrospective application.*

4. 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. **Application received will be acknowledged by email.**

A processing fee HKD \$ 210 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.**

5. All information given in this form will be treated **STRICTLY CONFIDENTIAL**.
6. Application should be sent to:
The College Secretariat (MCSHK Application)
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
7. 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)
Name to be printed on MCSHK Diploma <i>(the name order printed on the diploma should be exactly as it appears on your HKID card/Passport)</i>	(English)	(Chinese)
*Correspondence Address:	Telephone Number	
	Office:	
	Res.:	
Permanent Address:	Mobile:	
	Pager:	
	Fax:	
*Email Address:		
<p>* Remarks: Trainees 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.</p>		
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)		
III BASIC MEDICAL QUALIFICATION (e.g. MBBS, etc.)	University	Date Obtained (Month / Year)
IV COMPLETED COURSES (in chronological order) (e.g. Basic Surgical Skills Course (BSS), Clinical Core Competency Course (CCCC) etc.)		
Course Name	Date of Completion (Month / Year)	
V DATE OF COMPLETION OF BASIC SURGICAL TRAINING (Month / Year)		
VI DATE OF PASSING MEMBERSHIP EXAMINATION OF HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES (MHKICBSC) (Month / Year)		

SUPPORT FOR APPLICATION

I have known the applicant for 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)

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

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 College of Surgeons of Hong Kong Limited (the “College”) (all the Information and such personal data are together called “Personal Data”) for the administration and management of the College 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 College 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 College in writing of any change in my Personal Data (e.g. correspondence address, place of work, email address etc.). The College 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 College of such change in my Personal Data in a timely manner.

_____ (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 6,000 and Annual Subscription Fee HKD 2,000.

_____ (Signature of Applicant) _____ (Date)

MEMBERSHIP OF THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH (MRCSEd)

I wish to apply for the Membership of The Royal College of Surgeons of Edinburgh.(please put a tick in the appropriate box)

- Yes. Please complete and submit the **MRCSEd Petition Form** together with this form.
- No. You are not required to complete this part.

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 500

_____ (Signature of Applicant) _____ (Date)

Please send application to:

**The College Secretariat (MCSHK Application)
The College of Surgeons of Hong Kong
Rm 601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang, Aberdeen, Hong Kong**

CHECKLIST FOR APPLICATION FORM FOR ORDINARY MEMBERSHIP

Please ensure the followings are enclosed with the Application Form for Ordinary Membership of the College:

Certified True Copy of:

- University Certificate**
- Medical Registration Ordinance – Annual Practising Certificate**
- Membership of the Hong Kong Intercollegiate Board of Surgical Colleges(MHKICBSC) Examination - Part 3 Result Slip**
- Basic Surgical Skills Course (Certificate of Attendance)**
- Clinical Core Competency Course (Certificate of Attendance)**
- Other relevant examinations / qualifications(if any)

Original Copy of:

- Letter of choosing the Ordinary Membership of the College of Surgeons of Hong Kong(MCSHK) ONLY** - letter was distributed to you after passing MHKICBSC Part 3 Examination
- A crossed cheque of HKD 8,000 for the MCSHK** (Entrance fee HKD 6,000 & Annual Subscription Fee HKD 2,000) should be made payable to “The College of Surgeons of Hong Kong **Limited**”

**For applicants who apply for the Ordinary Membership of The College of Surgeons of Hong Kong beyond the year he/she was eligible to be conferred, he/she is required to pay for the Entrance Fee HKD 3,000 and the previous Annual Subscription Fees for retrospective application.

- A crossed cheque of HKD 500 for the MRCSEd** (Entrance fee HKD 500) should be made payable to “The College of Surgeons of Hong Kong **Limited**”
- Signatures by **2 paid-up Fellows** (Those paid annual subscription fee for the same calendar year)
- Sufficient postage** (otherwise the application will be treated as incomplete application which will NOT be processed.)

IMPORTANT NOTES:

Applicants are only allowed for election as a member of **ONE** of the Surgical Colleges upon completion of basic surgical training in stipulated timeframe.



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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

IMPORTANT NOTES TO APPLICANTS:

Applicants must read the “**Eligibility for Fellowship**” before completing the 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 required documents as listed in the “Eligibility for Fellowship” to support information given in the application. These copies are not returnable and will be verified in due course.

3. **A crossed cheque of HKD 11,000** (Entrance fee HKD 8,000 and Annual Subscription Fee HKD 3,000) 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.

** 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 who are currently Ordinary Members of the College will not be required to pay Annual Subscription Fee if the applications are made within the same calendar year.*

**** For applicants who apply for the Fellowship of The College of Surgeons of Hong Kong beyond the year he/she was eligible to be conferred, he/she is required to pay for the Entrance Fee HKD 8,000 and the previous Annual Subscription Fees for retrospective application.*

4. 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. **Application received will be acknowledged by email.**

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**.

5. All information given in this form will be treated **STRICTLY CONFIDENTIAL**.

6. Application should be sent to:

The College Secretariat (Fellowship Application)

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

7. 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)
Name to be printed on FCSHK Diploma: <i>(the name order printed on the diploma should be exactly as it appears on your HKID card/Passport)</i>	(English) (Chinese)

*Correspondence Address:	Telephone Number
Permanent Address:	Office:
	Res.:
	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.
It is not guaranteed that mail could reach P.O. box address under special circumstance (e.g. during pandemic)**

II CURRENT APPOINTMENT

- HOSPITAL AUTHORITY (Please specify _____)
- UNIVERSITY (HKU / CUHK - Please delete as appropriate)
- PRIVATE - Date of commencement of practice _____(Month/ Year)

III BASIC MEDICAL QUALIFICATION
(e.g. MBBS, etc.)

University	Date Obtained (Month / Year)

IV PROFESSIONAL QUALIFICATIONS (in chronological order)

(e.g. Membership of the College of Surgeons of Hong Kong (MCSHK), Membership of the Royal College of Surgeons of Edinburgh (MRCSEd), etc.)

Name of Professional Qualifications	Date Obtained (Month / Year)

V COMPLETED COURSES (in chronological order)

(e.g. Research Training Workshop, Advanced Trauma Life Support Course (ATLS), etc.)

Course Name	Date of Completion (Month / Year)

VI DATE OF COMPLETION OF HIGHER SURGICAL TRAINING (Month / Year)	
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VII DATE OF PASSING THE JOINT SPECIALTY FELLOWSHIP EXAMINATION (Month / Year)	
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The total number of major operations performed during the Higher Surgical Training: _____

Please refer to the "Guidelines on Major Operations" on the website of The College of Surgeons of Hong Kong for further details.

SUPPORT FOR APPLICATION

I have known the applicant for 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)

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

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 College of Surgeons of Hong Kong Limited (the "College") (all the Information and such personal data are together called "Personal Data") for the administration and management of the College 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 College 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 College in writing of any change in my Personal Data (e.g. correspondence address, place of work, email address etc.). The College 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 College of such change in my Personal Data in a timely manner.

_____(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 8,000 and Annual Subscription Fee HKD 3,000.

****Applicants who are currently Ordinary Members of the College will not be required to pay Annual Subscription Fee if the applications are made within the same calendar year.**

_____(Signature of Applicant) _____(Date)

Please send application to:

The College Secretariat (FCSHK Application)

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 APPLICATION FOR FELLOWSHIP

Please ensure the followings are enclosed with the Application Form for Fellowship of the College:

Certified True Copy of:

- University Certificate**
- Medical registration ordinance – Annual Practising Certificate**
- Joint Specialty Fellowship Examination **Result Slip** / Specialty Fellowship Examination **Result Slip** (for *Plastic Surgery only*)
- Certificate of Attendance** of all mandatory courses required by the respective specialty board
- Certificate** for Clinical Proctorship Programme for Basic and Advanced Laparoscopic Surgery (applicable to Higher Surgical Trainees in General Surgery / Urology)
- Other relevant examinations / qualifications (if any)

Original Copy of:

- Index Operation Record Form** (*only applicable to Higher Surgical Trainees in General Surgery*)
- Signature by **2 paid-up Fellows** (Those who had paid annual subscription fee in the same calendar year)
- A crossed cheque of HKD 11,000** (Entrance fee HKD 8,000 and Annual Subscription Fee HKD 3,000) should be made payable to "The College of Surgeons of Hong Kong **Limited**")

***Applicants who are currently Ordinary Members of the College will not be required to pay Annual Subscription Fee if the applications are made within the same calendar year.**

*** Applicants who apply for the Fellowship of The College of Surgeons of Hong Kong beyond the year he/she was eligible to be conferred, he/she is required to pay for the Entrance Fee HKD 8,000 and the previous Annual Subscription Fees for retrospective application.*

- Sufficient postage** (otherwise the application will be treated as incomplete application which will **NOT** be processed.)