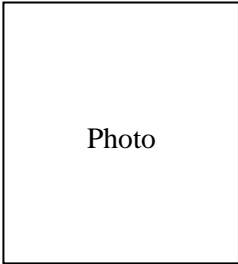




**THE COLLEGE OF DENTAL SURGEONS OF HONG KONG**  
**香港牙科醫學院**

**SAMPLE**

**Basic Trainee Application Form**



Reference No.: \_\_\_\_\_ This number will be assigned later.

Specialty: Periodontology Please specify the specialty you are applying for.

**Part 1**

|   |   |
|---|---|
| #Name: <u>Chan Yee Man</u>  | #Name in Chinese: <u>陳二文</u>                  |
| Nationality: <u>Chinese</u>   | Sex: *M / F    Date of Birth: <u>1/1/1975</u> |
| *HKID Card/Passport No.: <u>K123456(1)</u>  |   |
| Address: <u>Room 123, Grand Tower, 505 Nathan Road, Kowloon</u>                       |   |
| Address for Correspondence (if different from above):<br><u>ditto</u>                 |   |
| Tel No.: (Home) <u>22334455</u>   | (Office) <u>24681013</u>                      |
| Mobile No.: <u>6000 2222</u>  | Fax No.: <u>24681012</u>                      |
| E-mail Address: <u>chan2man@netvigator.com</u>  |   |
| Dental Council of Hong Kong Dentists Registration No.: <u>D01234</u> Year <u>2007</u> |   |

# Identical with HKID Card/Passport No.

\* Please delete as appropriate

**For Official Use**

- Recognised Duration of Training to receipt date of application: \_\_\_\_\_ years \_\_\_\_\_ months
- Recommended to College Council for approval  
Year & Month of Commencement of Recognised Basic Training: \_\_\_\_\_  
MM / YYYY
- Not recommended to College Council for approval

Comments: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature  
 Name: \_\_\_\_\_  
 Chairman of Specialty Board  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature  
 Name: \_\_\_\_\_  
 Secretary of Specialty Board  
 Date: \_\_\_\_\_

Please specify the specialty you are applying for.

**CDSHK Basic Trainee Application Form**

**Part 2**

Reference No.: \_\_\_\_\_

Specialty: Periodontology

| Qualification(s) | Institution                 | Date of Award<br>DD/MM/YYYY |
|------------------|-----------------------------|-----------------------------|
| BDS              | The University of Hong Kong | 14/12/2007                  |
|                  |                             |                             |
|                  |                             |                             |
|                  |                             |                             |

**Details of Training**

| Training Centre                                      | Post                              | From<br>M/Y | To<br>M/Y | Duration<br>(No. of years & months;<br>full time equivalent) | For Official Use<br>Accredited<br>Duration<br>(years & months) |
|--|-----------------------------------|-------------|-----------|--|--|
| Faculty of Dentistry,<br>University of Hong Kong     | Junior Hospital<br>Dental Officer | 8/2008      | 8/2009    | 1 year   |  |
| Faculty of Dentistry,<br>University of Hong Kong     | MDS Student                       | 10/2009     | 4/2010    | 6 months   |  |
|  |                                   |             |           |  |  |
|  |                                   |             |           |  |  |
|  |                                   |             |           |  |  |
| <b>Total Number of Years and Months in Training:</b> |                                   |             |           | 1 year 6 months  |  |

Please specify the up-to-date (upon the month of your application) training programme in which you have enrolled.

Recommended by

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Please request for a signature to indicate that the Supervisor of the Training Centre will undertake supervision of your training.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Supervisor of Training Centre

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please enclose original / true copies (certified by a CDSHK Fellow) of the following documentation:-

- 1 HKID Card/Passport (destroy upon verification)
- 2 Certificate(s) of the qualification(s) listed in Part 2;
- 3 Certificate of Registration issued by the Dental Council of Hong Kong; and
- 4 Documented evidence of your training;

and return these to:-

The Secretariat, The College of Dental Surgeons of Hong Kong  
Room 902, 9/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

*The personal data provided will be used by the College of Dental Surgeons of Hong Kong for training and communication purpose.*