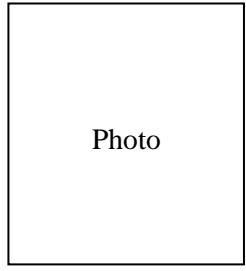




THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
香港牙科醫學院

Basic Trainee Application Form



Reference No.: _____

Specialty: _____

Photo

Part 1

#Name: _____	#Name in Chinese: _____
Nationality: _____	Sex: *M / F Date of Birth: _____
*HKID Card/Passport No.: _____	
Address: _____ _____	
Address for Correspondence (if different from above): _____ _____	
Tel No.: (Home) _____	(Office) _____
Mobile No.: _____	Fax No.: _____
E-mail Address: _____	
Dental Council of Hong Kong Dentists Registration No.: _____ Year _____	

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: _____

Part 2**CDSHK Basic Trainee Application Form**

Reference No.: _____

Specialty: _____

Qualification(s)	Institution	Date of Award DD/MM/YYYY

Details of Training

Training Centre	Post	From M/Y	To M/Y	Duration (No. of years & months; full time equivalent)	For Official Use Accredited Duration (years & months)
Total Number of Years and Months in Training:					

Recommended by

Signature_____
Signature_____
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.