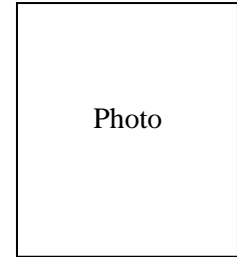




**THE COLLEGE OF DENTAL SURGEONS OF HONG KONG**  
**香港牙科醫學院**

**SAMPLE**

**Higher Trainee Application Form**



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

This number will be assigned later.

Specialty: Periodontology

Please specify the specialty you are applying for.

**Part 1**

#Name: Chan Yee Man #Name in Chinese: 陳二文  
 Nationality: Chinese Sex: \*M / F Date of Birth: 1/1/1975  
 \*HKID Card/Passport No.: K123456(1)  
 Address: Room 123, Grand Tower, 505 Nathan Road, Kowloon  
 Address for Correspondence (if different from above):  
ditto  
 Tel No.: (Home) 22334455 (Office) 24681013  
 Mobile No.: 6000 2222 Fax No.: 24681012  
 E-mail Address: chan2man@netvigator.com  
 Dental Council of Hong Kong Dentists Registration No.: D01234 Year 2004

# 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 Higher 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: \_\_\_\_\_

**Note: Higher Trainees are required to register with The College of Dental Surgeons of Hong Kong as Members before commencement of recognised Higher Training.**

**Part 2**

Please specify the specialty you are applying for.

**CDSHK Higher Trainee Application Form**

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

Specialty: Periodontology

| Qualification(s)                   | Institution                                | Date of Award<br>DD/MM/YYYY |
|------------------------------------|--|-----------------------------|
| BDS                                | The University of Hong Kong                | 10/12/2004                  |
| MDS                                | The University of Hong Kong                | 30/11/2007                  |
| MRD RCSEd                          | The Royal College of Surgeons of Edinburgh | 25/2/2010                   |
| Advanced Diploma in Periodontology | The University of Hong Kong                | 2/12/2009                   |

Date of Passing Intermediate Examination: 18/11/2009 (DD/MM/YYYY)

**Details of Training** Please specify the last day of the exam.

| 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) |
|--|--|-------------|-----------|--|--|
| Department of Health                                 | Dental Officer                                   | 8/2004      | 8/2005    | 1 year   |  |
| Faculty of Dentistry,<br>University of Hong Kong     | MDS Student                                      | 9/2005      | 8/2007    | 2 years  |  |
| Faculty of Dentistry,<br>University of Hong Kong     | Advanced Diploma<br>in Periodontology<br>Student | 9/2007      | 8/2009    | 1 year   |  |
| Faculty of Dentistry,<br>University of Hong Kong     | Honorary Dental<br>Officer                       | 10/2009     | 4/2010    | 7 months   |  |
| <b>Total Number of Years and Months in Training:</b> |  |             |           | 4 years 7 months   |  |

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

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

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

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

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

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

For CDSHK basic trainees, please enclose true copies (certified by a CDSHK Fellow) of the following documentation:-

- 1 Certificate(s) of the qualification(s) listed in Part 2 (*those not submitted before*);
- 2 Letter of successful candidature in an Intermediate Examination of the CDSHK;

For those who are not a basic trainee of CDSHK, please enclose original / true copies (certified by a CDSHK Fellow) of the following documentation:-

1. HKID Card/Passport (destroy upon verification);
2. Certificate of Registration issued by the Dental Council of Hong Kong ;
3. Certificate(s) showing the qualification(s) listed in Part 2; 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.*