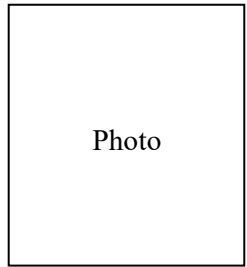




THE COLLEGE OF DENTAL SURGEONS OF HONGKONG  
香港牙科醫學院

Basic Trainee Application Form



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

Specialty: \_\_\_\_\_

**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)
<b>Total Number of Years and Months in Training:</b>					

Recommended by

\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature\_\_\_\_\_  
Name of Applicant\_\_\_\_\_  
Name of Supervisor of Training Centre

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

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

**CHECKLIST** [Please tick and enclose the original/true copies (certified by a CDSHK Fellow) of the following items.]

- HKID Card/Passport (destroy upon verification);
- supporting evidence of securing Basic Training attachment from accredited training centre;
- supporting evidence of 1<sup>st</sup> year General Practice (Letter or Email), where applicable;
- supporting evidence for CME/CPD records for Year 1, as required by the Specialty Board concerned;
- certificate(s) of the qualification(s) listed in Part 2;
- Certificate of Registration issued by the Dental Council of Hong Kong;
- documented evidence of your training; and
- a non-refundable processing fee of HK\$500, cheque made payable to “The College of Dental Surgeons of Hong Kong”

Kindly send the above 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.*