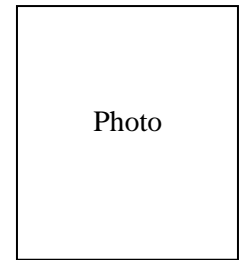




**THE COLLEGE OF DENTAL SURGEONS OF HONG KONG**  
**香港牙科醫學院**

**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<sup>1</sup>: Chan Yee Man Name in Chinese<sup>1</sup>: 陳二文  
 Nationality: Chinese Sex: M / F<sup>2</sup> Date of Birth: 1/1/1984  
 HKID Card/Passport<sup>2</sup> 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 2008

<sup>1</sup> Identical with HKID Card/Passport No.

<sup>2</sup> 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**

**CDSHK Higher Trainee Application Form**

Reference No.:

Please specify the specialty you are applying for.

Specialty: Periodontology

Qualification(s)	Institution	Date of Award DD/MM/YYYY
BDS	The University of Hong Kong	25/11/2008
MDS	The University of Hong Kong	27/11/2012
Advanced Diploma in Periodontology	The University of Hong Kong	11/09/2013
MPerio RCSEd	The Royal College of Surgeons of Edinburgh	07/02/2014

Date of Passing Intermediate Examination: 15/11/2013 (DD/MM/YYYY)

**Details of Training**

Your Higher Training should start from the month following the passing of CDSHK Intermediate Exam

Training Centre	Post	From M/Y	To M/Y	Duration (No. of years & months; full time equivalent)	For Official Use Accredited Duration (years & months)
Faculty of Dentistry, University of Hong Kong (Basic)	Junior Hospital Dental Officer	8/2009	8/2010	1 year	
Faculty of Dentistry, University of Hong Kong (Basic)	MDS Student	10/2010	9/2012	2 years	
Faculty of Dentistry, University of Hong Kong (Basic)	Advanced Diploma in Periodontology Student	10/2012	9/2013	1 year	
Faculty of Dentistry, University of Hong Kong (Higher)	Honorary Dental Officer	12/2013	4/2014	5 months	
<b>Total Number of Years and Months in Training:</b>				4 years 5 months	

◆ Is your trainee attachment in conjunction with "Approved Practice"?

- Yes (Please complete the "Approved Practice Record Form")  
 No

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

Please complete and submit the "Approved Practice Record Form if "Yes"

Recommended by

Signature

Signature

Name of Applicant

Name of Supervisor of Training Centre

Date:

Date:

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

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

For CDSHK Basic Trainees, kindly submit:-

- supporting evidence of securing Higher Training attachment from accredited training centre;
- certificate(s) of the qualification(s) listed in Part 2 (those not submitted in Basic Trainee application); and
- letter of successful candidature in an Intermediate Examination of the CDSHK.

For those who are not Basic Trainees of CDSHK, kindly submit:-

- a non-refundable processing fee of HK\$500, cheque made payable to "The College of Dental Surgeons of Hong Kong";
- HKID Card/Passport (destroy upon verification);
- Certificate of Registration issued by the Dental Council of Hong Kong;
- supporting evidence of securing Higher Training attachment from accredited training centre;
- certificate(s) showing the qualification(s) listed in Part 2; and
- documented evidence of your basic training.

Please 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.