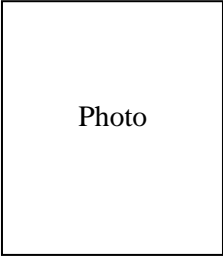




THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
香港牙科醫學院

Higher Trainee Application Form



Reference No.: _____

Specialty: _____

Part 1

Name¹: _____ Name¹ in Chinese: _____
 Nationality: _____ Sex: M / F² Date of Birth: _____
 HKID Card/Passport² 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 _____

¹ Identical with HKID Card/Passport No.

² 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

 Signature
 Name: _____
 Secretary of Specialty Board

Date: _____

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.: _____

Specialty: _____

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

Date of Passing Intermediate Examination: _____ (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:					

◆ Is your trainee attachment in conjunction with “Approved Practice”?

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

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.]

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.