

## THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

## Membership in General Dentistry Training and Mentorship Programmes 2021-2023 Application Form

| Application for     | - By Full MGD Examination only                           |     |             |
|---------------------|--|-----|-------------|
| MGD Trainee         | - By Full MGD Exam & MGD/MRACDS (GDP) Conjoint Exam      |     |             |
|                     | - By Credit Accumulation and Transfer (CAT):             |     | Photo       |
|                     | - Candidate required to sit for Part I and Part II Exam  |     |             |
|                     | - Candidate required to sit for Part II Examination only |     |             |
|                     |  |     |             |
| Deadline of applic  | cation: 20 July 2021                                     |     |             |
|                     |  |     |             |
| Name:               | Name in Chinese:   |     |             |
|                     |  |     |             |
| Nationality:        | Sex: Date of Birth:                                      |     |             |
|                     | DCII// Dec. No.  |     |             |
| HKID Card/Pas       | ssport No.: DCHK Reg. No                                 | ··· |             |
| Address:            |  |     |             |
|                     |  |     |             |
|                     |  |     |             |
| Address for Co      | prrespondence (if different from above)                  |     |             |
|                     |  |     |             |
|                     |  |     |             |
|                     |  |     |             |
| Fax No.:            | E-mail Address:  |     |             |
|                     |  |     |             |
| Basic Qualification | on (with date):  |     | <del></del> |
|                     |  |     |             |
| Higher Qualificat   | tion(s) (with date):                                     |     |             |
| -                   |  |     |             |

In submitting this application

- I understand and agree to abide by the rules and regulations set by the Committee of General Dentistry (CGD) and the College of Dental Surgeons of Hong Kong (CDSHK) regarding the MGD training, examination and assessment, and
- I agree to enroll in the compulsory MGD Training Programme 2021-2023 and pay the composite fee to CDSHK on or before 20 July 2021

| Sig | nature: Date:  |  |  |
|-----|--|--|--|
| Ple | ase enclose the following:-  |  |  |
| 1   |  |  |  |
| 2   | ·······································  |  |  |
|     | (Certified true copy must be certified by a registered dentist with wording "I certify that this is a true copy of the original" with both the signature and name of the dentist.) |  |  |
| 3   | i/ a cheque of HKD8,250 for 3 years of Trainee subscription fee (Diet 2021 – 2023)   |  |  |
|     | ii/ a cheque of HKD48,000 (by full exam) or HKD28,000 (by CAT) for composite fee of the Training Programme 2021-2023   |  |  |
|     | iii/ a cheque of HKD20,000 for vetting fee (candidates who applied for CAT only)   |  |  |
|     | (Please make payable to "The College of Dental Surgeons of Hong Kong")   |  |  |
| and | l please return these to:-   |  |  |
|     | airman, Committee of General Dentistry, The College of Dental Surgeons of Hong Kong, om 902, 9/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.          |  |  |
| Rer | narks: The cheques will be returned to applicants if their applications are not accepted   |  |  |
| Imp | oortant: Applicants must be registered dentists in Hong Kong. Only registered dentists   |  |  |
| pra | cticing in Hong Kong are eligible for entry of MGD Training Programme.   |  |  |
|     | For Office Use   |  |  |
|     | Recommended to College Council for approval  |  |  |
| _   | Date of Commencement of MGD Training : 29 August 2021  |  |  |
|     |  |  |  |
|     | Not recommended to College Council   |  |  |
| Cor | nments:  |  |  |
|     |  |  |  |
|     |  |  |  |
| Tra | nee Number: Assigned Mentor:   |  |  |
|     |  |  |  |
|     |  |  |  |
|     | Date:  |  |  |
|     | Bun Ka YIU   |  |  |
|     | nirman   |  |  |
| Cor | nmittee of General Dentistry   |  |  |