



**THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS**  
**香 港 骨 科 醫 學 院**

**REGISTRATION FORM FOR REHABILITATION SUBSPECIALTY TRAINING**

Name : \_\_\_\_\_  
 (Family Name, Given Names) (In Chinese)

Sex : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ (dd/mm/yy)

HKID No. : \_\_\_\_\_ MCHK No. : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_  
 \_\_\_\_\_

Contact No. : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email Address : \_\_\_\_\_ Fax No. : \_\_\_\_\_

*For the following items, please provide relevant certificates (use additional sheets if required)*

Date of Election as Fellow of the Hong Kong College of Orthopaedic Surgeons : \_\_\_\_\_

**Additional postgraduate degrees and qualifications (if applicable)**

Qualification	Institution	Country	Duration of study/training	Year

**TO BE CERTIFIED BY ORTHOPAEDIC REHABILITATION SUBSPECIALTY TRAINER**

This is to certify that Dr. \_\_\_\_\_ will undergo Orthopaedic Rehabilitation  
 Subspecialty Training in our department effectively from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd / mm / yy) in  
 \_\_\_\_\_ (Training Centre).

Name : \_\_\_\_\_ Signature: \_\_\_\_\_

Position : \_\_\_\_\_ Training Centre : \_\_\_\_\_

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

A crossed cheque in **HK\$3,000** (Cheque No. \_\_\_\_\_) made payable to  
 "The Hong Kong College of Orthopaedic Surgeons" for annual training fee is enclosed.

**Trainee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_