

## RECORD OF TRAINING

To be completed by the trainee and the hospital. Please attach together with the Application Form for submission to the Joint Specialty Fellowship Examination in Orthopaedic Surgery.

**Important Notes:**

1. ***Please count the training period up to the date of the Examination.***
2. ***Please mark with an asterisk (\*) at the beginning of the row for six months of rotational training arranged by the College.***

**1. Minimum of twelve months' training in an approved post in General Orthopaedics:**

Hospital	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name of Supervisor/ Training Director	Signature & Official Chop of Hospital

**2. Minimum of eighteen months' training in an approved post in Musculo-skeletal Trauma:**

Hospital	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name of Supervisor/ Training Director	Signature & Official Chop of Hospital

**3. Minimum of three months' training in an approved post in Hand Surgery:**

Hospital	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name of Supervisor/ Training Director	Signature & Official Chop of Hospital

**4. Minimum of three months' training in an approved post in Paediatric Orthopaedics:**

Hospital	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name of Supervisor/ Training Director	Signature & Official Chop of Hospital

**5. Minimum of three months' training in an approved post in Rehabilitation:**

Hospital	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name of Supervisor/ Training Director	Signature & Official Chop of Hospital