### 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 <u>date of the Examination</u>.
- 2. Please mark with an asterisk (\*) at the beginning of the row for six months of rotational training arranged by the College.

	ved post in General Orthopaedics:	ed post in	i an approved	training in	velve months <sup>s</sup>	Minimum of t	1.
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Hospital	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name of Supervisor/ Training Director	Signature & Official Chop of Hospital
	(44 11112 ) ) ) )	(44) 11112 ) ) ) )	Truming Breeter	Official Chop of Hospital

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

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

3.	Minimum of three mont	ths' training in an	approved post in	Hand Surgery

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

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

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