

THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

registered address: Room 807, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

REGISTRATION AS A TRAINEE FOR THE DIPLOMA IN PAIN MANAGEMENT

(Please use BLOCK LETTERS)

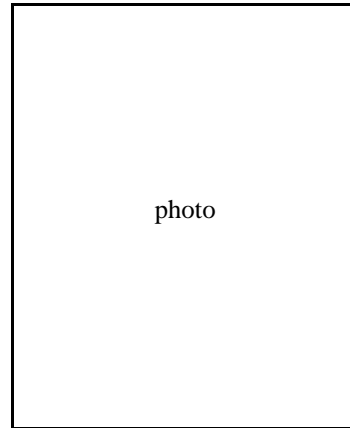
(Please send completed Application Form and supporting documents to Administrative Executive, The Hong Kong College of Anaesthesiologists, Room 807, HKAM, Jockey Club Building, 99, Wong Chuk Hang Road, Hong Kong)

I wish to apply for registration as a trainee for the HKCA Diploma in Pain Management. My personal details are as follows:

Surname: _____, Forename: _____ Chinese (if available): _____

Sex: * M / F, DOB: _____ HKID: _____

* I have been admitted Fellow of the Hong Kong College of Anaesthesiologists, on _____ / * I have passed the Final FHKCA Examination on _____ (exact dates) and shall sit for my exit assessment on _____



Telephone: (H) _____, (O) _____, Fax _____

Email address: _____

Correspondence address: _____

Current Appointment (Institution): _____

Are you occupying a pain medicine training position now? *Yes / No

HKCA Dip Pain Mgt training (Dates/Training centre): _____

Basic Medical Qualification(s)	College, University, Board, City, Country	Dates (dd/mm/yy)
Specialist & Higher Qualification(s)	College, Board, University, City, Country	Dates (dd/mm/yy)

* Delete as inappropriate

Clinical appointments (anaesthesia & pain medicine):

Appointment	Hospital/Dept/ Unit	City/Country	from: (dd/mm/yy)	to: (dd/mm/yy)	supervisor or trainer

(Use additional sheet if space is not adequate)

Other relevant information the applicant wants to include to support this application: (e.g. society membership, publication, scientific presentation, uses additional sheets if needed)

Date: _____

Applicant's Signature: _____

Date: _____

Signature of COS: _____