



HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

APPLICATION FOR REGISTRATION AS VOCATIONAL TRAINEE

Details of Applicant

Surname _____ Given Names _____

Address _____

Date of Birth _____ Date of HKCA Membership _____
(DD/MM/YYYY) (DD/MM/YYYY)

Email _____

Professional Qualification(s) & date(s) _____

Training Department / Hospital _____
(Department responsible for anaesthesia / ICU* training matters. Also referred to as the
"Parent department / hospital".) (*delete as appropriate)

Employing Department / Hospital _____
(if different from above)
(Department responsible for employment issues, including salary payment, leave, etc.)

Internship Appointments (use additional sheet of paper if space inadequate)

Dates of Appointment	Department	Hospital

I declare that the information given above is correct and I now apply for registration as a Vocational Trainee in Anaesthesiology / Intensive Care Medicine* under the Hong Kong College of Anaesthesiologists. (*delete as appropriate)

Date of Application _____ Signature of Applicant _____

The application is endorsed by:

Name of Training Department COS Signature Date

Name of Employing Department COS Signature Date

For Office Use Date application received:

Please return completed form to the Training Officer, Board of Education, HKCA through the Board of Censors HKCA
Room 807, Hong Kong Academy of Medicine Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong SAR