



# 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 the completed form to the Training Officer, Board of Education, HKCA by email at [hkcaeducation@hkca.edu.hk](mailto:hkcaeducation@hkca.edu.hk)