



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 _____ Email. _____

Professional Qualification(s) & date(s) _____

Parent Hospital _____

(i.e. hospital responsible for salary/SDR)

Current Hospital _____

(if different from parent hospital)

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.

Date of Application _____ Signature of Applicant _____

Application approved by Chief of Service of parent Hospital Authority

Name of Chief of Service _____

Department / Hospital _____

Date _____ Signature _____

For Office Use Date application received