



# 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) \_\_\_\_\_

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. (\*delete as appropriate)

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:*

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