



# American College of Surgeons - China-Hong Kong Chapter

## Application Form for ATLS® Student Course - Overseas Applicant

Please print in BLOCK LETTERS and list all the required data. Incomplete form will not be processed.

Title:  Dr  Prof Gender:  Female  Male (please tick as appropriate)

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Chinese Name (if applicable): \_\_\_\_\_

Hospital: \_\_\_\_\_ Department / Unit: \_\_\_\_\_

Post: \_\_\_\_\_ Experience in Trauma Care: \_\_\_\_\_ Year (s)

Correspondence Address: \_\_\_\_\_

Tel (Office): \_\_\_\_\_ Pager / Mobile: \_\_\_\_\_

Fax (Office): \_\_\_\_\_ E-mail: \_\_\_\_\_

(must be provided for communication)

### Please specify :

<p><i>Field / Year of Training</i></p> <p><input type="checkbox"/> Anaesthesiology _____ year</p> <p><input type="checkbox"/> Emergency Medicine _____ year</p> <p><input type="checkbox"/> ICU _____ year</p> <p><input type="checkbox"/> Medicine _____ year</p> <p><input type="checkbox"/> Orthopaedics _____ year</p> <p><input type="checkbox"/> Surgery _____ year</p> <p><input type="checkbox"/> Others : _____ year</p>	<p>Year of Graduation: _____</p> <p>If you have an urgent need to attend the ATLS® Course, please state the reason and your preferred date:</p> <p>Reason: _____</p> <p>_____</p> <p>_____</p> <p>Must complete the Course on or before: _____</p>
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Course fee: US\$2,000

Special diet request: Yes / No  
(If yes, please specific \_\_\_\_\_)

### Declaration

- I declare that all information provided on this application form and the attached documents (if any) are, to the best of my knowledge, accurate and complete.
- I consent to follow the Rules and Regulations of the Centre once I enrol on the Course.
- I consent to allow my name and relevant information, including country, specialty, affiliated hospital and dates of course completed, to be published on the CHKC-ACS website ([www.chkc-accs.org](http://www.chkc-accs.org)) after successful completion of the course.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR COURSE APPLICATION

### COURSE APPLICATION

Application must be made by returning a completed Course Application Form. Photocopies of the form will also be accepted. Completed Course Application Form should be returned to the Surgical Skills Centre by post, fax or email. **Please do not send any payment for the course fee to us unless you are told to do so.**

**Successful applicants will be informed individually** and should reply on or before the deadline as specified if they accept the offer. Failure to reply before the deadline will result in cancellation of the admission offer. The enrolled space will then be released to other applicants. Places on the course are not transferable.

Applicants not being contacted 4 weeks before the course commencement should consider their applications being placed on the waiting list.

### PAYMENT PROCEDURE

Once the enrolment confirmed, the course fee of **US\$2,000** should be paid on or before the specified deadline by telegraph transfer. Payment details will be provided later. Failure to pay before the deadline specified will result in cancellation of the enrolment.

### WITHDRAWAL POLICY

Application for withdrawal must be addressed to the ATLS Program Manager in writing.

<i>Application for withdrawal received (in written format)</i>	<i>Fee Refundable</i>
< 5 days after payment received	50%
> 5 days after payment received	Nil

### COURSE CANCELLATION

In the event of course cancellation, a full refund will be arranged for registered participants.

**Mailing Address:**  
*Surgical Skills Centre, Room 1006, Laboratory Block,  
Li Ka Shing Faculty of Medicine,  
The University of Hong Kong  
21 Sassoon Road, Pokfulam, Hong Kong  
Tel: (852) 3917 9691 /3917 9692 Fax: (852) 2818 9249  
Email: [chkcaes@hku.hk](mailto:chkcaes@hku.hk)*