



# iatsic

International Association for Trauma Surgery and Intensive Care

## Definitive Surgical Trauma Care™ Course Course Candidate Application Form

(Please type or print using black ink)

<b>Application Date</b>		<b>Application sent by:</b>	<b>email</b>		<b>Fax</b>		<b>Post</b>	
<b>Surname</b>			<b>Title</b>					
<b>First name</b>			<b>Calling name for name badge</b>					
<b>Business Address</b>								
<b>Postal Address</b>								
<b>Residential Address</b>								
<b>Telephone: Home</b>			<b>Telephone: Business</b>					
<b>Fax Number: Home</b>			<b>Fax Number: Business</b>					
<b>Cell Phone:</b>			<b>Email:</b>					
<b>Medical Registration No.</b>			<b>Nursing Registration No.</b>					
<b>I.D. or Passport No.</b>			<b>Nationality</b>					
<b>Special Diet Request</b>								
<b>Qualifications</b>			<b>University degree and Date</b>					
<b>Highest Surgical Examination</b>			<b>Date passed</b>					
<b>ATLS® successfully completed</b>			<b>Date</b>					
<b>Summary of experience over last three years</b>								
<b>Internship performed at</b>								
<b>Current appointment</b>								
<b>Reasons for DSTC™ Application</b>								
<b>Office Use only</b>								
<b>Date Received</b>	<b>Date acknowledged</b>	<b>Payment received</b>	<b>Course allocated</b>					

# INSTRUCTIONS FOR COURSE APPLICATION

## COURSE APPLICATION

Application can be made by returning a completed Course Application Form or by applying online at [www.chkc-accs.org](http://www.chkc-accs.org). Completed Course Application Form should be returned to the Surgical Skills Centre by post, fax or email.

**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 another applicant. Places on the course are non-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 is confirmed, a cheque payment of **HK\$18,000** made payable to “**CHKC - ACS**” should be sent to the mailing address below on or before the deadline specified. Please write your name (in BLOCK LETTERS) at the back of the cheque and use **one cheque for each applicant**. 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, 10/F., Laboratory Block,  
Li Ka Shing Faculty of Medicine,  
The University of Hong Kong  
21 Sassoon Road, Pokfulam, Hong Kong  
Tel: 3917 9691 / 3917 9692 Fax: 2818 9249  
Email: [hkussc@hku.hk](mailto:hkussc@hku.hk)*

## DECLARATION

1. 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.
2. I consent to follow the Rules and Regulations of the Centre once I enrol on the Course.
3. 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: \_\_\_\_\_