



American College of Surgeons - China-Hong Kong Chapter

Application Form for ATLS® Student Course - Local Applicants

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

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

Surname: _____ Name: _____

Chinese Name
(if applicable): _____

Hospital: _____

Department / Unit: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Accident & Emergency | <input type="checkbox"/> Medicine | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Anaesthesia | <input type="checkbox"/> Obstetrics & Gynaecology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Clinical Oncology | <input type="checkbox"/> Orthopaedics & Traumatology | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Ear, Nose & Throat | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Cardiothoracic Surgery |
| <input type="checkbox"/> Intensive Care Unit | <input type="checkbox"/> Pathology | <input type="checkbox"/> Neurosurgery |
| <input type="checkbox"/> Others | | |

Post: _____ Experience in Trauma Care: _____ Year(s)

Correspondence Address: _____

Tel (Office): _____ Pager / Mobile: _____

Fax (Office): _____ Email: _____
(must be provided for communication)

Please provide the following :

<p><i>Field/ Year of Training</i></p> <p><input type="checkbox"/> Accident & Emergency _____ Year(s)</p> <p><input type="checkbox"/> Anaesthesia _____ Year(s)</p> <p><input type="checkbox"/> Clinical Oncology _____ Year(s)</p> <p><input type="checkbox"/> Ear, Nose & Throat _____ Year(s)</p> <p><input type="checkbox"/> Family Medicine _____ Year(s)</p> <p><input type="checkbox"/> Intensive Care Unit _____ Year(s)</p> <p><input type="checkbox"/> Medicine _____ Year(s)</p> <p><input type="checkbox"/> Obstetrics & Gynaecology _____ Year(s)</p> <p><input type="checkbox"/> Orthopaedics & Traumatology _____ Year(s)</p> <p><input type="checkbox"/> Ophthalmology _____ Year(s)</p> <p><input type="checkbox"/> Paediatrics _____ Year(s)</p> <p><input type="checkbox"/> Pathology _____ Year(s)</p> <p><input type="checkbox"/> Psychiatry _____ Year(s)</p> <p><input type="checkbox"/> Radiology _____ Year(s)</p> <p><input type="checkbox"/> Nuclear Medicine _____ Year(s)</p> <p><input type="checkbox"/> Surgery _____ Year(s)</p> <p><input type="checkbox"/> Cardiothoracic Surgery _____ Year(s)</p> <p><input type="checkbox"/> Neurosurgery _____ Year(s)</p> <p><input type="checkbox"/> others _____ Year(s)</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>Language: <input type="checkbox"/> Chinese (course will be held in Shenzhen) <input type="checkbox"/> English (course will be held in Hong Kong)</p> <p>Must complete the Course on or before: _____</p>
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Course fee: HK\$16,000

(Trainees from Hong Kong of certain specialties are eligible to receive full sponsorship from the Hong Kong Hospital Authority. Please refer to the CHKC website for more details.)

Special diet request: Yes / No
(If yes, please specify _____)

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) 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.

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

For HK Applicants:

Once the enrolment is confirmed, a cheque payment of **HK\$16,000** 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: chkcacs@hku.hk*