

The Hong Kong College of Obstetricians and Gynaecologists MF

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| <input type="checkbox"/> Trainee Register / Annual Return | <input type="checkbox"/> Entry for Higher Specialist Training |
| <input type="checkbox"/> Application for Structured Oral Examination | <input type="checkbox"/> Application for Exit Assessment |
| | <input checked="" type="checkbox"/> Application for Subspecialty Trainee *
(Subspecialty in Maternal and Fetal Medicine) |

Please tick as appropriate

Personal Particulars

Name in English: _____ Name in Chinese: _____
Please write down full name and underline surname. *(if applicable)*

I/D No. _____ Date of Birth: _____ Sex: *Female*
(d/m/y)

Training Unit: _____ Position held: _____

Correspondence Address: _____

Contact Tel no. _____ Contact Fax no. _____ Pager: _____

Mobile: _____ Email: _____

Category of Practice: *Hospital Authority*

Status: *Specialist*

Medical Qualifications

Qualifications	Awarding Institutes	Date <small><i>(d/m/y)</i></small>
Primary medical qualification (e.g. MBBS)		
MRCOG Part 1	RCOG	
MRCOG Part 2	RCOG	
SOE	HKCOG	
Conjunctive RCOG/HKCOG Part 3	RCOG / HKCOG	
MRCOG	RCOG	
MHKCOG	HKCOG	
Exit Assessment	HKCOG	
Others		

Use additional sheet if necessary

P.T.O.

*Please attach CV and names of two referees.

Supervised Experience

- For Basic Specialist training, the minimum duration of training is four years. This is divided into eight periods, each of which must last for six continuous calendar months. Training periods of less than 6 months duration will require prior approval from the College.
- For Higher Specialist Training, the minimum duration of training is two years. This may be divided into periods, each of which must be of at least 3 completed months duration. Periods of training of less than 3 months duration would require prior approval by the College.
- 3.1 Vacation/ Study leave:**
 All study leaves need prior approval from the Education Committee
 - 3.1.1 Basic training:**
 - Exceed 40 calendar days in a 6-month training period need remedial training
 - Short study leaves of up to 14 calendar days would not count as absence from work, unless the total study leave in the respective training period > 40 calendar days
 - 3.1.2 Higher training:**
 - Exceed 20 calendar days in a 3-month training period need remedial training. Short study leaves of up to 14 calendar days would not count as absence from work, unless the total study leave in the respective training period > 20 calendar day
- 3.2 Maternity or paternity leave/ sick leave/ special leave or absence from work for other reasons**
 - Exceed 90 calendar days from the whole specialist training need remedial training
 - Trainee need to inform the college within 3 months once the 90 calendar days allowance have been exceeded
 Double penalty will not apply to those who violate both the rule of Vacation/ Study leave and rules of "Maternity or paternity leave/Sick leave/special leave or absence from work for other reasons"
- Please refer to the relevant subspecialty training and development documents for subspecialty trainee requirements.

	Hosp.	From (d/m/y)	To (d/m/y)	No. of Months	Type of Training*	B/H [#]	FT/ PT [◇]	Recognized RCOG training	Leave taken [▽]	
									No. Days	Types
Year 1										
Year 2										
Year 3										
Year 4										
Year 5										
Year 6										
Year 7										
Year 8										
Year _										
Year _										
Year _										

*Type of Training (letters of approval before and after training from HKCOG where appropriate, use additional sheet if required)

Basic may be:

- Obstetrics
- Gynaecology
- Elective
- Combined

Higher Specialist Training may be:

- Clinical training for general Obstetrics and Gynaecology
- Supervised research
- Training in subspecialty area
- Any other programmes approved by College.

[#] B = basic training, H = higher specialist training

[◇] full time/part time

[▽] Leave taken in three / six months period

You may be required to provide documentation of the information given in this application form

Signature of Trainee

Name of Trainee

Date

Signature of Supervisor

Name of Supervisor

Date