

**The Hong Kong College of Obstetricians and Gynaecologists RM**

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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 *<br>(Subspecialty in Reproductive 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: Male /Female  
(d/m/y)

Training Unit: \_\_\_\_\_ Position held: \_\_\_\_\_

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

Contact Tel no. \_\_\_\_\_ Contact Fax no. \_\_\_\_\_ Pager: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Category of Practice: Hospital Authority / Academic / Private

Status: Basic Trainee / Higher Specialist Trainee/ Specialist

**Medical Qualifications**

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

*Use additional sheet if necessary*

P.T.O.

\*Please attach CV and names of two referees.

