

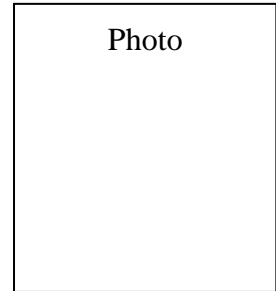
**Chinese University of Hong Kong  
Orthopaedic Learning Centre  
Trauma Fellowship**



*Learn and Practice to Serve Better*

**Enrolment Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Citizenship: \_\_\_\_\_



Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_ (Home) \_\_\_\_\_ (Office)  
Fax: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office)

**Proposed training Period (4 weeks):**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Education:

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Clinical Experience:

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What are your expectations towards this fellowship?

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Please fax the application from to **(852) 2647 7432** or mail to Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics, North Wing Prince of Wales Hospital, Hong Kong

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