

The Chinese University of Hong Kong
Orthopaedic Learning Centre
Trauma Fellowship



Learn and Practice to Serve Better

Enrolment Form

Last Name: _____ First Name: _____

Sex: _____ Age: _____

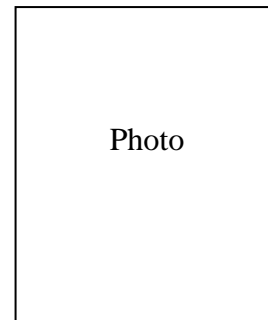
Date of Birth: _____ Place of Birth: _____

Citizenship: _____

Correspondence Address: _____

Email: _____ Fax: _____

Phone: _____ (Mobile) _____ (Office)



Educational Background:

| From: Month/ Year | To: Month / Year | Name of Institution | Qualifications |
|----------------------|---------------------|---------------------|----------------|
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Clinical Experience:

| From: Month /Year | To: Month /Year | Name of Employer | Job Title | Nature of Work |
|----------------------|--------------------|------------------|-----------|----------------|
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Intended date of training: _____

What are your expectations towards this fellowship programme? (Must be filled in)

Please email the completed application form with C.V. to olc-ort@cuhk.edu.hk, or mail them to Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics North Wing, Prince of Wales Hospital, Shatin, Hong Kong.

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