

# CONJOINT SELECTION EXERCISE (May 2025)

**FOR ADMISSION TO HIGHER SURGICAL TRAINING PROGRAM**

**(Co-organized by the HK Intercollegiate Board of Surgical Colleges and HA)**

# APPLICATION AND STRUCTURED CV FORM

**SUBMISSION DEADLINE: 16 March 2025**

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| **Important points to note before completing the enclosed application form:** | | |
| (a) | Entries in this form **MUST** be either **BLOCK LETTERS or TYPEWRITTEN**. | |
| (b) | 1. This form must be submitted together with the **FULL SET OF ‘HKICBSC ASSESSMENT FORM FOR BASIC SURGICAL TRAINING’** covering your entire basic surgical training (except those indicated in point (f) below and assessment forms for the last 6-month rotation i.e. from January to June 2025 would be excluded). The assessment forms **must be submitted in chronological order.** Failure to provide full set of the assessment forms will lead to incomplete scoring to your disadvantage. | |
| (c) | The number of available Higher Surgical Trainee (HST) posts in various surgical specialties will be posted at the HA website [<http://www.ha.org.hk/ho/resident.htm>](http://www.ha.org.hk/ho/resident.htm) . The numbers are subject to changes. Please visit the website for the latest update before finalizing your priorities and **no** **change of choices** will be allowed after application deadline. Both priorities will carry weight in the selection exercise. | |
| (d) | 1. Please ensure completion of the Staff Development Review (SDR) reports since commencement of your Basic Surgical Trainee (BST) appointment till the latest SDR cycle. Please ensure the 3 most recent completed SDRs reports should reach your Hospital Human Resources Department by **16 March 2025**. **For non-HA BST**, individual submission of at least 1 completed SDR report (SDR format for HA staff) is required on or before **16 March 2025**. | |
| (e) | Please ensure the referees, **excluding** those assessors or supervisors writing your 3 most recent SDR reports, have agreed to and are available to complete and return a standardized referee assessment form to the selection panel by **16 March 2025**. The referees should have worked with you in the same workplace within the last 36 months of basic surgical training. The referees should be at the rank of **Associate Consultant or above** in HA or **trainers of the College** at the time when they knew you. | |
| (f) | 1. The panel will normally not incorporate HKICBSC and SDR assessments made in: | |
| (1) | * 1. those periods preceding a clear break of service and employment from the HA (for HA- employees); |
| (2) | 1. those periods preceding non-HKICBSC-approved interrupted training unless the periods are assessed by the HKICBSC as being fully contributory to the current basic surgical training or |
| (3) | 1. those discrete assessment periods with major parts containing prolonged absence from training workplace or mainstream duties due to reasons such as maternity leave or long overseas training. |
| (g) | 1. BST who fails twice in the CSE is not eligible for making further application to future CSE and will need to consider alternative career pathway. You are therefore strongly advised to be well-prepared before submitting an application. BST who fails in a CSE may appeal to the Chairman of the Committee on Surgical Training via the Chief Manager (Medical Grade). An appeal panel will be formed to examine if the selection procedure is conducted in a fair manner. (Note - BST who is considered suitable for pursuing higher surgical training but cannot be matched to his/her preferred specialty due to unavailability of post is not considered an “unsuccessful attempt”.) | |
| (h) | 1. An acknowledgement will be issued to you upon receipt of your application. If you do not receive the acknowledgement, please email to HO IT&HI eRecruit Support: [haitseresupp@ha.org.hk](mailto:haitseresupp@ha.org.hk) or HA Recruitment Office: [recruitment@ha.org.hk](mailto:recruitment@ha.org.hk) | |
| (i) | 1. Please use additional sheet(s) as needed. For provision of supporting documents and/ supplementary information in pdf format, please organize and arrange the documents in the following sequence: | |
| (1) | Application and Structured CV Form; |
| (2) | HKICBSC Assessment Forms and SDR Reports with the relevant Information Sheets: In chronological order; |
| (3) | Supporting Documents (if any): MUST be arranged according to the sequence to the related items listed in the Application and Structured CV Form; and |
| (4) | Other Supplementary Information (if any): MUST be arranged AFTER the Supporting Documents related to the items in the Application and Structured CV Form. |
| (k) | Application should be submitted online on or before **16 March 2025**. Please be reminded that the application deadline will be strictly adhered to. **ALL APPLICATIONS RECEIVED AFTER 16 MARCH 2025 WOULD NOT BE ACCEPTED.** | |

**Passport**

**Photo**

Taken within the last 6 months to reflect your currentappearance

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| **1.** | **FULL NAME:** | (English) |  |
|  | (Chinese) |  |

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| **2.** | **EMAIL ADDRESS:** | |  | | |
| (Please ensure accuracy and reliability of this address for receiving email and attachments for this exercise. For HA staff, please provide your HA email address.) | | | | |
| **CORRESPONDENCE ADDRESS:** | |  | | |
| **MOBILE TELEPHONE NUMBER:** | | |  | |
| **WORKPLACE TELEPHONE NUMBER:** | | |  | |
| **3.** | **BASIC MEDICAL QUALIFICATIONS WITH YEAR AND INSTITUTION:** | | | | |
| **4.** | **OTHER QUALIFICATIONS WITH YEARS AND INSTITUTIONS** (excluding those under items 7-9)**:** | | | | |
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| **5.** | **SPECIALTY APPLIED FOR:** | | | | |
| You are strongly advised to discuss with your COS on your chosen priority(ies) prior to this application.  (Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopaedic Surgery, Otorhinolaryngology, Paediatric Surgery, Plastic Surgery, Urology, Vascular Surgery)  Please note that **NO change of choice** will be allowed after application deadline. | | | | |
| 1st Priority |  | | | |
| 2nd Priority |  | | | |
| (Please leave “2nd priority” blank if there is none apart from the 1st priority.) | | | | |
| **6.** | **COMPLETION DATE OF THE REQUIRED ROTATIONS IN BST:** | | | |  |
| **7.** | **NUMBER OF ATTEMPTS AT:** | | | |  |
| HKICBSC Membership Exam Part 1: | | | |  |
| HKICBSC Membership Exam Part 2: | | | |  |

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| **8.** | **NUMBER OF ATTEMPTS FOR MHKICBSC:** | | | |  |
| HKICBSC Membership Exam Part 3: | | | |  |
| **9.** | **DATE PASSED MHKICBSC EXAM:** | | | |  |
| **10.** | **NUMBER OF PAST ATTEMPTS IN HST SELECTION EXERCISE:** | | | |  |
|  | For re-attempt, please provide details about the date and result of your previous attempt(s). | | | |  |
|  | If you have been a higher trainee, please state whether you have informed the relevant college about your withdrawal from the higher training. Please provide the relevant details. | | | |  |
| **11.** | **ROTATIONS SINCE REGISTRATION AS BST** (in chronological order)**:**  Please add new row(s) in the table below if needed. | | | | |
| **Parent Department** (Specialty/ Hospital)**:** | |  | | |
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| **Specialty / Hospital** | **Start Date** | **End Date** | **Recognized BST training (months)** | | |
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| **12.** | **PUBLISHED ARTICLES:**  (local and non-peer reviewed articles to be included as well; and presented in standard citation format listing all authors with your name in bold type, e.g. **CHAN X Y**)  Please add new row(s) for providing information below as needed. | | | | | |
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| **13.** | **PAPERS PRESENTED IN LOCAL/INTERNATIONAL MEETINGS:**  (local and non-peer reviewed articles to be included as well; list all investigators/authors with your name in bold type, e.g. **CHAN X Y**)  Please add new row(s) for providing information below as needed. | | | | | | | | |
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| **14.** | **RESEARCH PROJECTS** (if not covered under items 12 and 13)**:**  (details of your involvement, subject, institution, full-time/part-time, name of supervisor, commencement and completion dates of projects, any associated qualifications/degree and duration of project)  Please add new row(s) for providing information below as needed. | | | | | | | | |
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| **15.** | **TRAINING ACTIVITIES** (in chronological order)**:** | | | | | | | | |
| Total training activity points obtained in your BST: | | | | | |  | | |
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| * Please provide details of training activities either by filling in the table below or attaching your training reports/records, if any, together with this application. * For attaching supporting documents, please organize and arrange the documents sequence according to the details provided in **Paragraph (i) on Page 1** of this Application and Structured CV Form. * Please add new row(s) for providing information below as needed. | | | | | | | | |
| **Training Period** | | | | **Details of activities** | | | | **Training Point**  **(if any)** |
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| **16.** | **SPECIAL SKILLS / INTERESTS / HOBBIES:**  (including achievements you have in areas outside medicine)  Please add new row(s) for providing information below as needed. | | | | | | | | |
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| **17.** | **NAME AND CORRESPONDENCES OF THREE REFEREES:**  Please nominate those having worked with you in the same workplace in the last 36 months of basic surgical training, not more than one from each recognized training rotation, and exclude supervisors filling in your 3 most recent SDRs, i.e. “Manager”, “Second Manager” and “Countersigning Manager” shown in the SDR.  It is required that the referees should be:   * at the rank of **Associate Consultant or above in HA** or * **Trainers of the College** at the time when they knew the applicant (Please **specify the time** when the referee(s) knew you.) | | | | | | | | |
| 1) | Name: |  | | | | Tel: |  | |
| Post title: | |  | | | Fax: |  | |
| Department & Hospital: | | | |  | Email: |  | |
| 2) | Name: |  | | | | Tel: |  | |
| Post title: | |  | | | Fax: |  | |
| Department & Hospital: | | | |  | Email: |  | |
| 3) | Name: |  | | | | Tel: |  | |
| Post title: | |  | | | Fax: |  | |
| Department & Hospital: | | | |  | Email: |  | |
| **18.** | **SIGNED BY THE APPLICANT**  I certify that the information supplied in this application is true, complete and correct. I agree to the access of my SDRs and enquiries being undertaken to verify this information with institutions or individuals as part of the selection and matching process. | | | | | | | | |
| Name:  Signature of Applicant: | | |  | | | Date: |  | |
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| **19.** | **SUPPORT FROM CHIEF OF SERVICE (COS) OF APPLICANT’S PARENT DEPARTMENT**  I support this application for the Conjoint Selection Exercise for Admission to Higher Surgical Training Program submitted by  Dr (Name of the applicant) | | | | | | | | |
| Name of COS: | | |  | | | Signature of COS: |  | |
| Department & Hospital: | | |  | | | Date: |  | |
| Please submit the following documents as Attachments to your online application by **uploading to the e-recruitment system on or before 16 March 2025**:  i) Application and Structured CV Form (this form) - in non-editable pdf format;  ii) Information Sheet on HKICBSC Assessment Scores - excel file;  iii) Information Sheet on SDR Rating - excel file;  iv) Full Set of “HKICBSC Assessment Form for Basic Surgical Training” (in chronological order) – in non-editable pdf format;  v) ALL SDR reports (in chronological order) - in non-editable pdf format;  vi) Supporting documents, if any – in non-editable pdf format;  vii) Supplementary information, if any – in non-editable pdf format | | | | | | | | | |
| The **central CSE interview for candidates referred by the specialties after the specialty-based interview** will be held on **22-23 May 2025** with **reserve interview days on 27-28 May 2025.** | | | | | | | | | |