

Affix passport
sized photo here

Part A to be filled in by trainee then given to Country Training Coordinator along with \$50, 3 passport sized photos and copies of your medical qualifications

Surname (in capitals).....

First names.....

Date of birth.....Sex M / F

Address.....

.....

Telephone.....fax.....email.....

I am applying for registration as a trainee with the College of Surgeons of East, Central and Southern Africa. I understand that in order to sit the membership examination I will have to spend two years in basic surgical training in approved posts, with at least six months in general surgery and at least six months in orthopaedics with trauma. I plan to do my training in the following hospitals:

I understand that the membership exam will comprise MCQ papers, and for those candidates successful in these, an oral and clinical examination. I understand that the MCQ papers will be held in my country and that the exact time and place will be given to me later. I understand that if I am successful in the MCQ exam I may have to travel to another country in the region for the oral and clinical parts of the exam. I understand that examination fees, transport to and from the examinations, and accommodation are my own responsibility.

Date of medical qualification (eg MBBS).....

Date of full registration in own country, and registration number.....

Signed..... date

Part B to be filled in by Country Training Coordinator

I certify that the above candidate has given me US\$50.00 (or equivalent in local currency) and that his/her qualification certificates are genuine. I have issued the following: (tick when done)

- 1 a receipt
- 2 a COSECSA training number which is
- 3 a booklet of exam regulations & syllabus
- 4 a list of recognised posts
- 5 a log book with passport photo inside
- 6 four sets of trainer and trainee assessment forms
- 7 a cd / disc with training lectures
- 8 details of local trauma and surgical skills courses
- 9 a calendar of dates for membership exams
- 10 an exam application form

signed..... date.....

Name in Capitals

Please open a file for this candidate and keep this form safely. Send a copy of this form with an attached passport photo to: COSECSA Examination Dept, PO Box 1009, Arusha, Tanzania. Fax: (+ 255) 27 2504125 email: cosecsa@crhcs.or.tz