



香港耳鼻喉科醫學院

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

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Name of Trainee : _____

Hospital : _____ Training Period From : _____ To _____

TRAINING ACTIVITIES DURING THE ABOVE TRAINING PERIOD

Notes:

1. Higher Trainees should read the **Principles and Guidelines on Training Point Requirements for Higher Surgical Trainees** carefully. Higher Trainees are also requested to record and report their attended training activities precisely by returning this report form together with the Mentor Assessment Form half yearly in every 6-month training period.
2. The minimum of 15 training points in 6-month training period.

| Date of Meeting | Meeting | Hours | Passive (Please tick ✓) | Active (Please specify) (e.g. Speaker, Moderator, etc.) | Training Points awarded |
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Number of training points accumulated during this assessment period: _____ *points*

Signature of Trainee: _____ Date: _____

This report must be certified by the supervisor / mentor before submitting to the College Secretariat

Name of Supervisor / Mentor: _____ Signature: _____