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**Application Form for Interventional Radiology Fellow-in-training (IR Fellow)**

**of Interventional Radiology Subspecialty Training Programme**

Applicants must read the **“**[**Interventional Radiology Subspecialty Training Guidelines**](https://hkcr.org/uploaded/file/IRSubspecialtyTrainingGuidelines_v2024022.pdf)**”** before completing this application form. Applicants should read the instructions below carefully, and ensure all the essential information is enclosed within this form. Supporting documents should be provided upon request.

**Important Notes to Applicants**

1. A radiologist is eligible to enter the training programme as an IR Fellow when below criteria are fulfilled:
	1. Fellowship of HKCR, or qualifications other than FHKCR but approved by IR subspecialty board.
	2. Prior training or exposure in IR, i.e., at least 3 months of training period of Vascular & Interventional Radiology under Higher Specialist Training (Radiology), or equivalent.
2. Supporting documents for applicants’ training qualifications/publication/presentation etc. are not required to be submitted at time of application, but should be available upon request when needed during the vetting process.
3. Interview may be arranged with the applicant if deemed necessary.
4. Applicants should ensure that all information provided in this application is true, complete and correct to the best of the applicant’s knowledge and belief. Relevant records stated by the applicants are subjected to audit mechanism to ensure its veracity.
5. The Application should be supported by the Administrative Head of applicant’s parent accredited training centre.

**Application Period**

20th January 2025 to 14th February 2025

All information given in this form will be treated as **STRICTLY CONFIDENTIAL**.

Please submit the completed and signed application form by email to: enquiries@hkcr.org **on or before 14th February 2025 at 11:59pm**. **Late submission would not be considered.**

1. **Personal Particulars**

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| Name in English: | Click or tap here to enter text. | Click or tap here to enter text. |
|  | (Surname) | (First Name) |
| Name in Chinese: *(if applicable)* | Click or tap here to enter text. |
| \*Correspondence Address | Click or tap here to enter text. |
| \*Email Address: | Click or tap here to enter text. |
| \*Mobile / Contact number: | Click or tap here to enter text. |
| General Registration No. with MCHK: | Click or tap here to enter text. |
| Specialist Registration No. with MCHK: | Click or tap here to enter text. |
| Date of Passing Exit Assessment of HKCR:*(DD/MM/YYYY)* | Click or tap here to enter text. |
| Current Appointment:*(Name of accredited IR Subspecialty Training Centre)* | Click or tap here to enter text. |
| *\*Remarks: Applicants are required to keep the College informed of the most updated Email Address and Correspondence Address. The College will not take any responsibility of the consequence if any message delivering to the above email address or correspondence address cannot reach you in the future.* |

1. **Relevant Training in Interventional Radiology**

Please provide below your relevant professional training and experience in the field of Interventional Radiology.

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| **Higher Subspecialty in VIR or INR** | **Name of Training Centre** | **Start Date (DD/MM/YYYY)** | **End Date (DD/MM/YYYY)** | **Duration of training (months)** |
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1. **IR-related Publications**

Please provide a list of publications related to interventional radiology which fulfil below criteria:

* You must be the **first and/or corresponding author** of the publication(s).
* The article(s) must be published/accepted for publication in the Journal of the College or other indexed medical journals.

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| --- | --- | --- | --- | --- |
| **Year** | **Article Title** | **Authors** *(Please highlight your name in asterisk)* | **Journal Name** | **PMID** |
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1. **IR-related Proffered Paper Presentations**

Please provide a list of proffered oral or poster presentations related to interventional radiology which fulfil below criteria:

* You must be the **presenting author** of the proffered paper presentation(s) (i.e. oral presenter or first author of a poster presentation).
* The presentation(s) must be presented at College / peer-reviewed scientific meetings.

**Oral Presentations:**

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| **Year** | **Presentation Title** | **Authors** *(Please highlight your name in asterisk)* | **Meeting Name** |
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**Poster Presentations:**

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| **Year** | **Presentation Title** | **Authors** *(Please highlight your name in asterisk)* | **Meeting Name** |
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1. **Membership in IR Societies**

Please provide a list of your relevant membership in regional and international IR Societies.

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| **Year of joining** | **IR Society Name** | **Role (e.g. Member, Committee Member, Council Member etc.)** |
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1. **IR-related Awards**

Please provide a list of your awards related to the field of Interventional Radiology

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| **Date of Award** | **Award Title** | **Awarding Organisation** |
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1. **Declaration**

I, the undersigned, declare that all information provided in this application form is true, complete, and correct to the best of my knowledge and belief.

I consent to provide the Information and my personal data from time to time collected by the Hong Kong College of Radiologists (the “College”) (all the Information and such personal data are together called “Personal Data”) for the administration and management of the College and training, education, practice, professional accreditation and registration in relation to medicine.

I acknowledge and consent that in relation to the above-mentioned purposes my Personal Data may be transferred by the College to (a) the Hospital Authority, the Hong Kong Academy of Medicine, the Medical Council of Hong Kong, any hospitals or similar medical institutions providing medical treatment and health care and other professional and regulatory bodies related to medicine all of which may further share the use of such Personal Data amongst themselves and (b) other persons as required by law.

I acknowledge that it is my responsibility to inform the College in writing of any change in my Personal Data (e.g. correspondence address, place of work, email address etc.). The College will not be liable to me for any loss or damage that may arise or be incurred as a result of my failure to inform the College of such change in my Personal Data in a timely manner.

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| Applicant’s Signature: |  | Date: | Click or tap here to enter text. |

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| **Support from Administrative Head of Applicant’s parent accredited IR subspecialty training centre**I support this IR Fellow’s application for enrolment into the Subspecialty Training Programme in IR submitted by Dr. (Name of Applicant) I hereby countersign and certify to my best knowledge that all information provided by the applicant is true, complete, and correct to the applicant’s best knowledge and belief, as below: |
| Name of Administrative Head: |  | Signature of Administrative Head: |  |
| Department & Hospital: |  | Date: |  |