**A picture containing text, vector graphics

Description automatically generated**

**COLLEGE OF SURGEONS, ACADEMY OF MEDICINE MALAYSIA**

**CARE OF THE CRITICALLY ILL SURGICAL PATIENT (CCrISP®) COURSE**

**Approved by The Royal College of Surgeons of England**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course No.** | **Course Date** | **Venue** | **Course Fees** |
| **1** | **25th & 26th February 2023** | University of Malaya | RM 2300 (**local candidates**) USD1800 (**foreign candidates**) |
| **2** | **17th & 18th June 2023** | University of Malaya | RM 2300 (**local candidates**) USD1800 (**foreign candidates**) |
| **3** | **12th & 13th August 2023** | University of Malaya | RM 2300 (**local candidates**) USD1800 (**foreign candidates**) |
| **4** | **7th & 8th October 2023** | University of Malaya | RM 2300 (**local candidates**) USD1800 (**foreign candidates**) |

I am interested in attending ☐ Course 1 ☐ Course 2 ☐ Course 3 ☐ Course 4

**Full Name** (according to IC or passport) *(block capitals)*:

**IC number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Address** *(for all correspondence – please remember to inform College of Surgeons if this change)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone** (mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Present Appointment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hospital**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position** (Specialist/Master Student/Medical Officer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specialty**: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Current Surgical Tutor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Length of time in post:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List the posts already done:** *(for Master Student/ Medical Officer only)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year of Graduation from Medical School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you completed an ATLS® provider course?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RCS England ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Kindly register an account with RCS England on their website:** ([**https://www.rcseng.ac.uk/register/**](https://www.rcseng.ac.uk/register/)**)**

**I am available at short notice (i.e. up to within two weeks of the course date):** ☐ Yes ☐ No

**Payment / Secretariat**

Please make your cheque payable to **“College of Surgeons of Malaysia”**

Payment can also be made via telegraphic transfer to the following account:

Name : College of Surgeons of Malaysia

Bank : CIMB Bank, Jalan Tuanku Abdul Rahman, Kuala Lumpur

Account No : 80-0112598-2

Swift code : CIBBMYKL

Please scan and send a copy of the bank transaction to the Secretariat address:

Course Secretariat

Unit 1.6, Level 1, Enterprise 3B

Jalan Innovasi 1, Technology Park Malaysia

57000 Kuala Lumpur

Tel: 03 8996 0700, 03 8996 1700, 03 8996 2700  
 Fax: 03 8996 4700  
 Email: [CCrISP@csamm.asm.org.my](mailto:CCrISP@csamm.asm.org.my)  
 Website: www.csamm.org.my

Signed ………………………………. Date …………………………………

|  |
| --- |
| **Cancellation Policy**  In the event of withdrawal from the course, an administration charge of 10% of the total course fee will be charged **up to six** weeks prior to the start date of the course. 100% of the total fee will be charged **within** **six weeks** of start date of the course. Delegates wishing to transfer within 6 weeks of the original course date will be charged a 10% administration fee.  While we make every effort to run courses as advertised, we reserve the right to change the timetable and/or the teaching staff without prior notice and to cancel any courses without liability (in which case there will be a full refund of course fees to delegates).  **Please be aware that this cancellation policy will be strictly adhered to and by signing the form below you are agreeing to the above statement.** |