**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**

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| **Course No.**  | **Course Date** | **Venue** | **Course Fees**  |
| 1 | 25th & 26th March 2017Deadline for registration:25th February 2017 | Clinical Skill Lab, University of Malaya | RM 2300 (**local candidates**) USD1800 (**foreign candidates**) |
| 2 | 27th & 28th May 2017Deadline for registration:27th April 2017 | Clinical Skill Lab, University of Malaya | RM 2300 (**local candidates**) USD1800 (**foreign candidates**) |
| 3 | 23th & 24th September 2017Deadline for registration:23th August 2017 | Clinical Skill Lab, University of Malaya | RM 2300 (**local candidates**) USD1800 (**foreign candidates**) |
| 4 | 16th & 17th December 2017Deadline for registration:16th November 2017 | Clinical Skill Lab, 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)*:

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**Telephone** (daytime): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (evening/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)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Fees**

The cost of the course is **RM2300 (Local Candidates) & USD 1800 (Foreign Candidates)** to include a course manual, lunch and refreshments.

**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

 G-1, Medical Academies of Malaysia

 210, Jalan Tun Razak

 50400 Kuala Lumpur

 Malaysia
 Tel: 03 4023 4700, 03 4025 4700, 03 4025 3700
 Fax: 03 4023 8100
 Email: CCrISP@csamm.asm.org.my
 Website: acadmed.org.my

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

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| **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.** |