

COECSA TRAINEE ASSOCIATE MEMBERSHIP APPLICATION

TO BE COMPLETED BY OPHTHALMOLOGISTS IN TRAINING LEADING UP TO A COECSA FELLOWSHIP IN A COEDSA ACCREDITED INSTITUTION

APPLICANT INFORMATION

Title (Mr, Mrs, Mx, Miss, Dr, Professor):

First Name:

Surname:

Date of Birth:

Gender:

Mailing address:

City:

Country:

Telephone (1):

Telephone (2):

Email Address:

QUALIFICATIONS

Primary medical qualification (PMQ) (e.g. MBChB):

Conferring University/Medical School:

City and Country PMQ gained:

Year of qualification:

Other Degrees and Diplomas (with dates and conferring institution):

Any Ophthalmology examinations passed (e.g. ICO Part 1):

Any Ophthalmology examinations/courses studying for:

Home Country Medical Registration Board Name and Reg. Number:

OPHTHALMOLOGY TRAINING APPOINTMENT DETAILS

Admitting Training Institution : [RWANDA INTERNATIONAL INSTITUTE OF OPHTHALMOLOGY](#)

Country: [RWANDA](#)

Training Hospital name: [RIIO KIBAGABAGA AND RIIO/DR AGARWAL'S KIGALI](#)

Post appointed to (e.g. Residency Year 1): [RESIDENCY YEAR 1](#)

Expected Start date: [MAY 2021](#)

Expected Completion date: [JULY 2025](#)

Funding Source:

Programme Director Name and Signature: [PROF WANJIKU MATHENGE](#)

POST-GRADUATION EXPERIENCE
 (please list in chronological order all the professional appointments held since leaving medical doctor)

Post/Role	Full time, Part time or Locum?	Specialty or Department	Hospital/Organisation	Start and end date (dd/mm/yy format)

RESEARCH & PUBLICATIONS (Summarize below)

DECLARATION

I consent to become a Trainee Associate member of The College of Ophthalmology of Eastern Central and Southern Africa and agree to be bound by the Ordinances, Bye-Laws and Conduct Regulations as set out in the COECSA Constitution of the College and any amendments to them in the future. To further, to the best of my ability, the objectives and best interests of the College and to uphold the best possible standards in relation to ophthalmology and patient care. I agree to comply with the terms of the College's Code of Conduct when acting in any capacity on behalf of the College. I agree to inform the College promptly if I become subject to any warnings or limitations imposed by any regulatory body regarding my conduct or performance. I understand that if I fail to pay the appropriate rate of annual subscription, I will cease to be a 'member in good standing' of the College.

Please note: Membership applications are ratified by the Council of the College at their regular meetings.

I wish to apply for Trainee Associate membership of the College <i>and</i> I understand that membership is not the same as being a fellow of the College <input type="checkbox"/>	Signature of applicant: Date:
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It is important that membership is maintained throughout training; failure to do so will result in the removal of access to the e-portfolio and all other benefits. This form is for the initial application. The appropriate renewal form will be filled for subsequent years of training. A comprehensive list of membership benefits and details on the annual subscription fee is available at the COECSA website. Subscriptions are collected before July each year.

All enquiries regarding membership should be directed to:
 The CEO
 The College of Ophthalmologists of Eastern, Central and Southern Africa
 Email : info@coeCSA.org with

OFFICIAL USE ONLY		
Membership Approved	<input type="checkbox"/>	Date:
AAO O.N.E. Network	<input type="checkbox"/>	Date:
Web Access Details	<input type="checkbox"/>	Date:
COECSA e-portfolio / CPD	<input type="checkbox"/>	Date:
COECSA Logbook	<input type="checkbox"/>	Date:
Membership Letter	<input type="checkbox"/>	Date: