

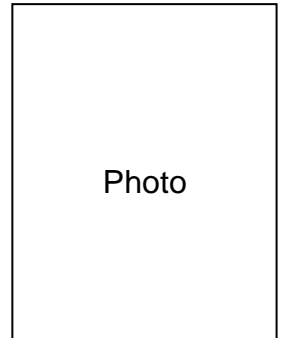


**THE HONG KONG COLLEGE OF FAMILY PHYSICIANS**  
**APPLICATION FORM FOR**  
**CONJOINT HKCFP/RACGP FELLOWSHIP EXAMINATION**

**Year of Examination 2015**

**PERSONAL DETAILS**

**Part I.**



1. Name: \_\_\_\_\_ **(English)** (Block letters, surname first)  
\_\_\_\_\_ **(Chinese)**

2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

3. Currently in General Practice? Yes / No

(i) Address of Practice

\_\_\_\_\_  
\_\_\_\_\_ Tel. No.: \_\_\_\_\_

(ii) Residential Address

\_\_\_\_\_  
\_\_\_\_\_ Tel. No.: \_\_\_\_\_

(iii) Correspondence

\_\_\_\_\_  
\_\_\_\_\_ Mobile. No #: \_\_\_\_\_

Email #: \_\_\_\_\_ Fax. No.: \_\_\_\_\_

**# Must fill in, as news concerning the examination may be announced through SMS and email.**

4. Cluster: HKE / HKW / KC / KE / KW / NTE / NTW / Private

5. Training Centre: \_\_\_\_\_ (for category I candidates only)

6. HKCFP Membership No.: \_\_\_\_\_

7. Date of Joining the Australian College of General Practitioners (RACGP): \_\_\_\_\_  
(RACGP Membership No.: \_\_\_\_\_)

*(Note: Candidates must be the full or associate members of both HKCFP and RACGP at the time of application for the Examination and at the time of the Conjoint Examination. Otherwise the application will not be processed.)*

8. Date of Full registration with the Hong Kong Medical Council: \_\_\_\_\_  
(MCHK No.: \_\_\_\_\_)

9. Are you a vocational trainee of the College? Yes / No

Date of commencement of training\*: \_\_\_\_\_

\*Please attach certification of completion of the relevant period of training.

**Part II.**

1. No. of attempt for Written: \_\_\_\_\_ (Year of first attempt: \_\_\_\_\_ & last attempt: \_\_\_\_\_ )
2. No. of attempt for OSCE: \_\_\_\_\_ (Year of first attempt: \_\_\_\_\_ & last attempt: \_\_\_\_\_ )
3. Segments applied for this year

Written Examination	English Only
Clinical Examination*	<input type="checkbox"/> English Only <input type="checkbox"/> Both Cantonese and English

\* Please tick the appropriate box. Application for changing the media of language use would not be entertained once the application has been accepted.

**Part III.****A) QUALIFICATIONS**

Date	Degree/Diploma Obtained	Granting Authority	Country

**B) REGISTRATION**

Date	Registering Body

**C) HOSPITAL EXPERIENCE (Intern & Medical Officer) - for category II candidates only**

**Category I candidates use Documentation of Training form for accredited training, list only Internship and unaccredited Hospital experiences here.**

Period From To	Name of Hospital	Post	Description of Work
Total Years:			

**D) GENERAL PRACTICE DETAILS - for category II candidates only (Please insert brief description of every item listed.)**

**Category I candidates use Documentation of Training Form for accredited training, list only unaccredited experiences here.**

**a. Type of General Practice**

Period (From – To)	Length of Experience (Years & Months)	Venue	Type of Practice (Locum, Partner, solo practice, OPD, etc)	Nature of Practice (Part-time/ Full-time)
	Total Years:			

Description of practice: (Please use a separate page if space is not enough)

**b. Present practice details (delete as necessary)**

(i) Solo practice, partnership practice, locum, general OPD, health centre, hospital based, others \_\_\_\_\_

(ii) Number of patients seen per day \_\_\_\_\_

(iii) Facilities available: -

Hospital admission rights (Name of Hospital) \_\_\_\_\_

General, maternity, specialty, primary care, others \_\_\_\_\_

Do you do home visits? \_\_\_\_\_

(iv) Staff (please specify the categories and numbers) \_\_\_\_\_

(v) Paramedical facilities available:-

Physiotherapy, x-ray, ultrasound, others \_\_\_\_\_

(vi) Special interest (please specify) \_\_\_\_\_

(vii) Other details not listed above \_\_\_\_\_

**E) OTHER PRACTICES** (If not listed above, e.g. consultancies, St. John's and Red Cross activities, Auxiliary services, etc.) \_\_\_\_\_

**F) ACADEMIC INVOLVEMENT AND ACHIEVEMENT** (Add additional pages if necessary)

- a. Education, undergraduate and post-graduate teaching experience \_\_\_\_\_
- b. Research \_\_\_\_\_
- c. Publications \_\_\_\_\_
- d. Scholarships and prizes \_\_\_\_\_
- e. Others \_\_\_\_\_

**G) ADMINISTRATION EXPERIENCE**

**H) MEMBERSHIP AND FELLOWSHIP OF OTHER COLLEGES**  
(including learned bodies and societies)

**I) CPR CERTIFICATE (Please tick)**

(Note:

1. All candidates applying to sit for the Clinical Examination of the Conjoint Fellowship Examination MUST possess a CPR (Competence in Cardiopulmonary Resuscitation) certificate issued by the HKCFP. The validity of this certificate must span the time at which the application for the Examination is made AND the time of the Clinical Examination.
2. For applying the CPR workshop / examination organized by HKCFP, please contact the College secretariat at 2528 6618.)

☐ I now possess a valid CPR Certificate issued by HKCFP which expires on \_\_\_\_\_.  
(Please note that the CPR certificate should still be valid at the time of Clinical Examination.)

☐ I shall only sit written segments this year (therefore CPR not required).

**J) DECLARATION (required by the Hong Kong College of Family Physicians)**

I understand that the examination application is subject to the final approval of the Board of Conjoint Examination. I hereby agree that I would abide by the rules and regulations set by the Board of Conjoint Examination / Board of Censors; and

I hereby give an undertaking that, on admission to the Fellowship of The Hong Kong College of Family Physicians, I will: -

- (a) Uphold and promote to the best of my ability the aims and objects of the College;
- (b) Observe the provisions of the Memorandum and Articles of Association and such

Regulations and By-laws of the College;

- (c) Undertake and continue approved postgraduate study while I remain in active general practice.

I hereby enclose a cheque\* of HK\$ \_\_\_\_\_ (**payable to HKCFP Education Ltd.**) as payment for the admission fee to the FHKCFP/FRACGP Examination. I have read the refund policy and understand all fees paid are not transferable to subsequent examinations.

**NOTE:** *Members should be aware that passing the Conjoint Fellowship Examination does NOT equate with election to the Fellowship of either the Hong Kong College of Family Physicians or the Royal Australian College of General Practitioners. Those wishing to apply for Fellowship of either or both College(s) should ensure that they satisfy the requirements of the College(s) concerned, including the QA & A requirement.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name in Block Letters \_\_\_\_\_

**CATEGORY I CANDIDATES:**

Must provide **Supportive Training Evidence** to state that candidate has fulfilled the required period of training as stated in the announcement.

**CATEGORY II CANDIDATES:**

Supportive evidence of length of general practice experience in the form of **a letter on headed notepaper** together with a **written declaration** must accompany this application

(Note: Doctors who are fully registered with the Hong Kong Medical Council and have been predominantly in general / family practice for **not less than five years** by the time of the Conjoint Examination may apply as Category II candidates.)

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Updated: January 2015



## CONJOINT HKCFP/RACGP FELLOWSHIP EXAMINATION 2015 APPLICATION CHECKLIST

Please note that the applicant should satisfy all the required criteria for applying **Conjoint Examination 2015**. The checklist as highlighted below is for reference only. Detailed criteria should be referred to the "Requirements and Eligibility for applying Conjoint Examination" as published in both the FP Links and the College Website <http://www.hkcfp.org.hk>.

<b>1. FULLY COMPLETED APPLICATION FORM</b>	<input type="checkbox"/>
<b>2. RECENT PHOTOGRAPH</b>	<input type="checkbox"/>
<b>3. CHEQUE MADE PAYABLE TO: "HKCFP EDUCATION LTD."</b>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>i. Full Examination (Written + Clinical): \$28,000</li><li>ii. Written Examination only: \$17,120</li><li>iii. Clinical Examination only<ul style="list-style-type: none"><li>- First attempt: \$10,880 <u>OR</u></li><li>- Subsequent attempt: \$19,920</li></ul></li></ul>	
<b>4. SUPPORTING DOCUMENTATIONS</b>	<input type="checkbox"/>
<p><b>Accredited training / general practice experiences –</b></p> <ul style="list-style-type: none"><li>● <b>CATEGORY I CANDIDATES:</b><ul style="list-style-type: none"><li>➤ Written Examination - Completion of <u>at least 15 months of approved training by 31 March 2015<sup>#1</sup></u>.</li><li>➤ Clinical Examination – Completion of <u>at least 39 months of approved training by 31 March 2015<sup>#1</sup></u>.</li></ul><p><sup>#1</sup> Supportive evidence:</p><ul style="list-style-type: none"><li>i) Current Trainee: Documentation of Training Form</li><li>ii) Completed Training: Certificate of Completion of Training issued by BVTs</li></ul></li><li>● <b>CATEGORY II CANDIDATES:</b><ul style="list-style-type: none"><li>➤ Written and Clinical Examinations: Being predominantly in general practice for <u>not less than five years by 30 June 2015<sup>#2</sup></u>.</li></ul><p><sup>#2</sup> Supportive evidence:</p><ul style="list-style-type: none"><li>i) Certification letter on headed notepaper</li><li>ii) Written Declaration</li></ul></li></ul>	
<b>5. Evidence of 'financial' RACGP membership</b> (i.e. Copy of membership card or payment receipt.)	<input type="checkbox"/>
<b>6. Evidence of full registration with the Hong Kong Medical Council</b> (i.e. Copy of the latest** Annual Practising Certificate.) <b>** The 2014 certificate is acceptable if the 2015 certificate is not available.)</b>	<input type="checkbox"/>
<b>7. Pre-requisite for Clinical Examination –</b>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>i. CPR Certificate issued by HKCFP, and The validity of this certificate <u>must span the time at which the application for the Examination is submitted AND the time of the Clinical Examination.</u></li><li>ii. No CPR is required (for candidates applying for the Written Examination only).</li></ul>	

**FOR OFFICE USE ONLY**

Candidate No. \_\_\_\_\_

Checked and Approved by Membership Committee \_\_\_\_\_ Date \_\_\_\_\_

Checked and Approved by Vocational Training and Standards \_\_\_\_\_ Date \_\_\_\_\_

Checked and Approved by Board of Conjoint Examination \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Hon. Treasurer \_\_\_\_\_

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**RECOMMENDATIONS** (Delete as appropriate)

1. By Board of Conjoint Examination

Recommended for Election as Fellow / Deferred / Not Recommended

Date \_\_\_\_\_

Signature \_\_\_\_\_

2. By Board of Censors

Recommended for Election as Fellow / Deferred / Not Recommended

Date \_\_\_\_\_

Signature \_\_\_\_\_

- \*\*\* -

**DECISION OF COLLEGE COUNCIL**

Elected as Fellow of College / Deferred / Not Elected

Minutes of \_\_\_\_\_ Council Meeting

Date \_\_\_\_\_

Signature \_\_\_\_\_

- \*\*\* -

**ENTRY INTO THE COLLEGE REGISTER**

Date \_\_\_\_\_

Signature \_\_\_\_\_