## THE HONG KONG COLLEGE OF FAMILY PHYSICIANS Board of Vocational Training & Standards Honorary Clinical Supervisor Application Form

Name :	(Eng.)	(Chi.)	
Correspondence Address	÷		Photo
Telephone :	(Office)	(Mobile)	
Fax No.:	Email:		
Currently Located Training Centre(s): <u>Centre</u>		<u>Department</u>	
Basic Degree: Year of Graduation	School / Institution	Qualification	/ Level attained
Other Qualifications: Year obtained	School / Institution	Qualification	/ Level attained
FHKAM *: Yes(MM/YY	/ No	ality :	
HKCFP Membership *: Fe			
Years of experience in Te	•	School / Institution	
Past experience in Special		<u>Specialty</u>	
	•	ee in your area of specia	
Signature:	(Block Letter:		
Data		_ 、	,

Please attach your Curriculum vitae (CV) with the application and send to:

The Hong Kong College of Family Physicians

Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen

Please contact BVTS at 2871 8899 should you have any enquiry.

<sup>\*</sup> Delete as appropriate