



## APPLICATION FORM FOR FELLOWSHIP

College's online membership directory is for public education and public access, It is approved by the Medical Council of Hong Kong. Please indicate your consent on the below information online by make a ✓ into the boxes ☐ of each item.. The information listed below would not be published unless your consent is received.

### PERSONAL PARTICULARS:

☐ Name in English: \_\_\_\_\_  
 (Surname first, Block Letters, Please)

☐ Name in Chinese: \_\_\_\_\_ I.D.Card No.: \_\_\_\_\_

☐ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DD MM YYYY

☐ Address of Practice:(English) \_\_\_\_\_  
 (Chinese) \_\_\_\_\_

☐ Nature of Practice HA / DH / Private / Other: \_\_\_\_\_ (\*Delete whichever is inapplicable)

☐ Practice Telephone No.: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_

Fax No. (1): \_\_\_\_\_ Fax No. (2): \_\_\_\_\_

E - Mail Address: \_\_\_\_\_

Correspondence Address

English (Mandatory): \_\_\_\_\_

Chinese: \_\_\_\_\_

### DEGREES AND OTHER QUOTABLE QUALIFICATIONS:

(As approved by the Hong Kong Medical Council)

Qualification	Date Obtained	Granting Authority

### REGISTRATION:

Registration Authorities	Registration Number	Date of Full Registration
Hong Kong Medical Council		

**GENERAL PRACTICE EXPERIENCE:**

From	To	Place	*Type of Practice (Appointment if applicable)	Full/Part Time

\* Type of Practice: Solo Practice/Group Practice/Private/Government/Institutional/Others (Please specify)

**PARTICULARS OF VOCATIONAL TRAINING:** (Year of completion/Granting authority)**PARTICULARS OF CME ACTIVITIES:**

HKCFP Certificate of Quality Assurance (Years obtained/No. of credit points)

Others :

**PARTICULARS OF ACADEMIC ACTIVITIES:** (Publications/Experience in teaching/Scholarships and prizes:)**PARTICULARS IN ADMINISTRATIVE EXPERIENCE:**

Offices held in medical associations and societies:

Other community services:

I desire to become a Fellow of The Hong Kong College of Family Physicians, and I hereby give an undertaking that I will:-

- (i) uphold and promote to the best of my ability the aims and objectives of the College;
- (ii) observe and comply with the provisions of the Memorandum and Articles of Association and such Regulations and Bye-laws of the College as may from time to time be in force; and
- (iii) undertake and continue approved post-graduate study while I remain in active practice in family medicine.

I hereby enclose a cheque of HK\$\_\_\_\_\_ being subscription fee for the year\_\_\_\_\_.

I consent to the personal data contained herein to be used by the College for all academic and administrative purposes.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The following to be completed by a registered medical practitioner of good standing and who is a Fellow of the College who knows the above named personally and believes him/her to be a suitable person to be elected a Fellow of the Hong Kong College of Family Physicians. The proposer must not be in partnership with the applicant.

Name of Proposer: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Surname first, Block letters please)

Please return this form to: The Hon. Secretary, The Hong Kong College of Family Physicians, Rm 803-804, HKAM Jockey Club Bldg., 99 Wong Chuk Hang Road, Aberdeen, Hong Kong with:

- 2 passport size photos
- a cheque for your entrance and subscription fee payable to “The Hong Kong College of Family Physicians” which will be returned in case of unsuccessful application
- a copy of your annual practising certificate issued by the Hong Kong Medical Council

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**For Official Use Only**

Annual Subscription for the year \_\_\_\_\_ HK\$\_\_\_\_\_ paid

Recommended/Not recommended by Membership Committee

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Committee

Application for Fellowship approved by the Council on \_\_\_\_\_