

**THE HONG KONG COLLEGE OF FAMILY PHYSICIANS**

**Application Form**  
**Basic Vocational Training in Family Medicine**  
*(Please print in BLOCK LETTERS only)*

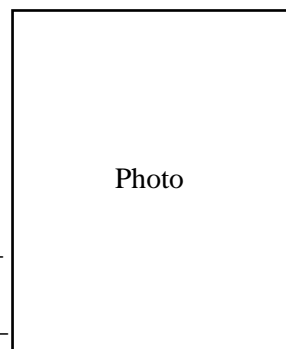
Name \_\_\_\_\_ ( \_\_\_\_\_ )  
*(Surname) (Given Names) Name in Chinese*

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Basic Medical Degree \_\_\_\_\_ Year \_\_\_\_\_

Medical Registration No. \_\_\_\_\_ Date \_\_\_\_\_

HKCFP Membership No. (If applicable): \_\_\_\_\_



Other Degrees/Qualifications (If any):  
 \_\_\_\_\_

Address (Mailing) \_\_\_\_\_

\_\_\_\_\_ Phone (Office): \_\_\_\_\_ Fax (Office): \_\_\_\_\_ Mobile: \_\_\_\_\_

Address (Home) \_\_\_\_\_

\_\_\_\_\_ Phone (Home): \_\_\_\_\_ Fax (Home): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Internship Experience:**

Name of Working Organization	Specialty	Period (Month/Yr-Month/Yr)

**Post-graduate Training Experience:**

Is your post-graduate training is a training post?

Yes\*       No

Is your post-graduate training post lead to any of quotable qualification recognized by the medical council of Hong Kong?

Yes\*       No

\*Please provide formal employment or training evidence from working or training organization

Name of Working Organization	Name of Training Organization & Specialty	Period of Training

Present Employer: \_\_\_\_\_

Present Training Centre: \_\_\_\_\_

Present position, Unit & Cluster: \_\_\_\_\_

Proposed date of commencement: \_\_\_\_\_

Is it your first enrolment or re-enrolment? First enrolment / Re-enrolment

**FUTURE TRAINING PLAN (at least one year must be specified):**

Training Centre	Specialty	Period (Month/Yr-Month/Yr)
e.g. United Christian Hospital	Paediatrics	07/2013 - 09/2013

**The application must be supported by an honorary clinical supervisor or co-ordinator of a training center who agrees to supervise / co-ordinate the training of the applicant by signing the appropriate area below.**

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**RECOMMENDATION BY SUPERVISOR**

**For honorary clinical supervisor/ training center co-ordinator:**

I support the application of the above applicant.

Name of clinical supervisor/training center co-ordinator: \_\_\_\_\_  
(Block letters please)

Profession Qualification: \_\_\_\_\_

Present position of unit: \_\_\_\_\_

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

## **CHECKLIST FOR BASIC TRAINING APPLICATION FORM**

Please enclose the following documents:

- Curriculum vitae
- Cheque (For first enrolment: total HK\$5,500.00 including entrance fee HK\$2,500.00 and first 2 years annual training fee HK\$1,500.00 x 2 make payable to "**HKCFP Education Limited**"; For re-enrolment: total HK\$3,500.00 including administrative fee HK\$2,000.00 and annual training fee HK\$1,500.00 make payable to "**HKCFP Education Limited**")
- Original document of previous training record (applicable only to candidate for re-enrolment)
- Fulfill HKCFP CME requirement in prior year (applicable only to candidate for re-enrolment)
- Certified true copies (*Self certified copies are acceptable*)
  - Current Annual Practicing Certificate
  - Hong Kong Medical Council License of Registration
  - Basic Qualification Certificate
  - Other Degree / Qualification Certificate

*Application with required documents should be sent to **The Hong Kong College of Family Physicians, Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.***

**Application WILL NOT** be processed unless all the required documents are submitted.

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### **DECLARATION**

I declare that the information I have provided on this application form and its attachments is correct.

I understand that it is my responsibility to follow the training regulation and requirement as stated in the training logbook.

I hereby enclose a cheque of HK\$5,500 (No. \_\_\_\_\_ payable to HKCFP Education Ltd.) as payment for the enrollment fee to the basic training programme. I understand all fees paid are neither refundable nor transferable.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **FOR OFFICE USE ONLY**

Received on: \_\_\_\_\_ Approved by: \_\_\_\_\_