

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

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

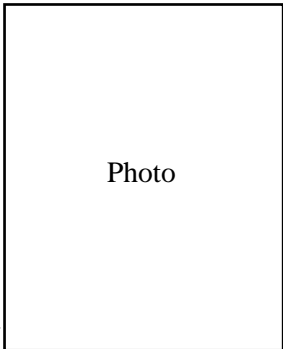
Name _____ (_____)
(Surname) (Given Names) (Name in Chinese)

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.

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.

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:** _____

FOR OFFICE USE ONLY

Received on: _____ Approved by: _____



香港家庭醫學學院
The Hong Kong College of Family Physicians

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E-mail: hkcfp@hkcfp.org.hk Website: www.hkcfp.org.hk

香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓8樓803-4室



Dear New Basic Trainee,

Invitation for participating in the HKCFP Mentorship Programme

I am writing on behalf of the HKCFP Young Doctors Committee to invite you to participate in our Mentorship Programme.

The HKCFP Young Doctors Committee is a new committee established since May 2017. The Committee aims at connecting the young members and engaging them in College activities.

This Mentorship Programme is launched for the purpose of connecting the basic trainees with the experienced Fellows in private practice, providing support to trainees outside the current system and engaging them at an early stage of professional development. The programme is particularly designed for you in the first year of training. But you are also encouraged to keep contact with your mentor after this year.

The Committee does not have strict guidelines about what to discuss with your mentor. You may consider communicating with your mentor on these areas but not limited to the following:

- experience as a family doctor in the community
- personal experience in training and examination
- vision on family medicine in the future
- participation in College activities

Your contact details including your name, email and mobile phone number would be sent to your mentor. Please return the reply slip to our secretary no matter you do or do not agree to disclose your contact details to the mentors.

Yours sincerely,

Dr. CHAN Chi Wai, Edmond & Dr. CHAN Wing Yan, Loretta

Co-Chairmen,

HKCFP Young Doctors Committee

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REPLY SLIP

To: Co-Chairmen, Young Doctors Committee

I ***agree / do not agree** to join the mentorship programme and disclose my contact details to the mentors.

Signature: _____

Date: _____

Name in Block Letter ()

** Please delete as appropriate*