

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

**Application Form
Higher Vocational Training in Family Medicine**

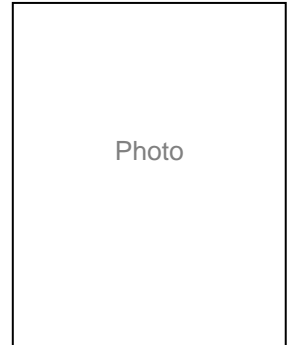
(Please print in BLOCK LETTERS only)

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): _____ Address (Mailing): _____

Phone (Office): _____ Fax (Office): _____ Pager: _____

Address (Home): _____

Phone (Home): _____ Fax (Home): _____ Mobile: _____

E-mail address: _____

Previous Higher Training Experience (applicable only to candidate for re-enrolment)

Period of Training	Name of FM Trainer	Name and Address practice

Present Employer: _____ No. of working hours per week: _____

Present position (position, Unit, Hospital and date of commencement): _____

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

Future Training Plan (Mandatory): _____

The application must be supported by an Honorary Clinical Supervisor who agrees to supervise the training of the applicant as required by the Board of Vocational Training and Standards.

LETTER OF REFERENCE BY CLINICAL SUPERVISOR

Name of Applicant: _____
(Surname) (Given Name)

I support the application of the above-named applicant and the following are my views on the professional performance and character of the applicant (Optional):

Name of Clinical Supervisor: _____
(in BLOCK letter)

Professional Qualification and Position: _____

Address (Mailing): _____

Phone (Office): _____ Fax (Office): _____ Mobile: _____

I agree to abide by the Terms and Conditions of a clinical supervisor set out by the Board of Vocational Training and Standards of the Hong Kong College of Family Physicians. I am willing to supervise the Higher training of the above named applicant.

Signature: _____ Date: _____

This reference supports the application of this doctor to train with the HKCFP Vocational Training Programme towards a career in General Practice/Family Medicine.

CHECKLIST FOR HIGHER TRAINING APPLICATION FORM

Please enclose the following documents and the appropriate boxes:

- Curriculum vitae
- Cheque (For first enrolment: total HK\$5,000.00 including entrance fee HK\$2,500.00 and annual training fee HK\$2,500.00 make payable to “**HKCFP Education Limited**”; For re-enrolment: total HK\$4,500.00 including administrative fee HK\$2,000.00 and annual training fee HK\$2,500.00 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
 - Certificate of Completion of Basic Vocational Training in Family Medicine or equivalent
 - Higher Qualification Certificate in Family Medicine

*Application with required documents should be sent to **The Hong Kong College of Family Physicians, Room 803-4, 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 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\$5,000 (payable to HKCFP Education Ltd.) as payment for the enrollment fee to the higher training programme. I understand all fees paid are neither refundable nor transferable.

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY

Received on: _____ Approved by: _____