



**THE HONG KONG COLLEGE OF FAMILY PHYSICIANS
DIPLOMA IN FAMILY MEDICINE 2017-2018
APPLICATION FOR ENROLMENT**

Personal Information:

Name: _____
Surname (BLOCK LETTERS) Given Name Name in Chinese

Date of Birth (D/M/Y): _____ Sex: M / F

HKID / Passport No.: _____

Correspondence Address: _____

Home Telephone: _____ Mobile: _____

Office Address: _____

Office Telephone: _____ Contact Fax: _____

Email: _____

Basic Degree (place and year of graduation): _____

Postgraduate Qualifications:

Year	Qualification	Awarding Body

Membership:

- I am a HKCFP member: Member ID: FP ____ - _____
- I am a Non-HKCFP member but would like to join the membership now. *(Please download the Membership Application Form from www.hkcfp.org.hk →Downloads →Membership)*
- I am a Non-HKCFP member.
- Other Medical Associations: Please specify _____

Current Practice:

Private: Solo Group Years in practice _____

Government: HA Department of Health Years in service _____

Other Institutions: Please specify _____

Basic Trainee Higher Trainee Year in Training _____

Specialty: Please specify if any _____

Working Experience:

Start	End	Place	Title

NOTES:

1. Basic admission requirements include:
Medical Practitioner with Bachelor's degree in Medicine
The selection of applicants for enrolment in the course is at the discretion of the Board of DFM.
2. During the application process, personal data provided as part of an application will be used solely for the purpose of enrollment. The data will be kept strictly confidential.
3. Applicants are advised to provide all the information requested in the application documents, where applicable.
4. Under the provisions of the Personal Data (Privacy) Ordinance, each applicant has the right to request the access to; and the correction of, his/her personal data. Any applicant wishing to access or make corrections to his/her data should submit written requests to the HKCFP.
5. **A completed application form must be returned to the Hong Kong College of Family Physicians (Rm 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong) on or before June 30, 2016 with the following:**
 - i. Photocopy of a current Annual Practicing Certificate ;
 - ii. A recent photo of the applicant (passport size);
 - iii. A signed "Disclaimer of Liability";
 - iv. An application fee of HK\$200 by crossed cheque payable to "HKCFP Holdings and Development Limited". This application fee is non-refundable;
 - v. A Course Fee of HK\$32,000 (or HK\$64,000 if non-member) by crossed cheque payable to "HKCFP Holdings and Development Limited". All fees are non-refundable and non-transferrable.
6. Should you have any questions, please contact the Secretariat at 2871 8899.

Declaration

1. I declare that all the information provided in this application form and in any attached document is, to the best of my knowledge, accurate, and complete.
2. I will conform to the regulations of the HKCFP.

Signature _____

Date _____

For office use only

Fee enclosed \$ _____ Cheque No. _____

Admitted Rejected Waiting List

Disclaimer of Liability

I,, as a participant of Diploma in Family Medicine Course 2016 - 2017 acknowledge that I will attend seminars, workshops and clinical attachments with Clinical Beside Teaching Session and I am fully aware of the possible health hazards to which I may be exposed by such attendance and by performance of acts and deeds that I may be required to execute as student of the said course. Notwithstanding such awareness, I hereby voluntarily agree to absolve The Hong Kong College of Family Physicians (HKCFP) from any liability to myself and my beneficiaries for whatever injuries, disease, sickness, etc that I may suffer incidental to such attendances, whether or not caused by the negligence (act or omission) of HKCFP.

Signature: Date:

Witness:

Signature: Date: