



# 香港家庭醫學學院

## The Hong Kong College of Family Physicians

Rooms 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

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### APPLICATION FORM FOR FELLOWSHIP

(Ver. 1 August 2018)

New Application  Reinstatement of Fellowship \_\_\_\_\_ (Member ID)

College's online membership directory<sup>^</sup> 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 The information listed below would not be published unless your consent is received. Items with  would not be published.

#### PERSONAL PARTICULARS: (\* Items are Mandatory)

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

Name in Chinese: \_\_\_\_\_  Gender\*: \_\_\_\_\_

Category of Membership (e.g. Associate Member, Full Member, Fellowship etc.)

I.D. Card No\*: \_\_\_\_\_  Date of Birth\*: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

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

Nature of Practice:HA (Hospital/GOPD) / DH / Private (Hospital/OPD/Solo/Group) / Institute / UHS / NGO Medical Group / Other: \_\_\_\_\_ (Please circle)

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

Mobile Phone No.\*: \_\_\_\_\_  Fax No.: \_\_\_\_\_ (Work/Home)  
(Please circle)

E – Mail Address\*: \_\_\_\_\_

Correspondence Address\* (Home/Work - please circle)

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.

(Please ✓ as appropriate)

New Application:

I hereby enclose a cheque of HK\$1,200.00 being the Annual Subscription Fee for the year \_\_\_\_\_.

Reinstatement of Fellowship:

I hereby enclose a cheque of HK\$ \_\_\_\_\_, being the sum of Reinstatement Fee of HK\$850.00 and HK\$1,200.00 Annual Subscription Fee for the year \_\_\_\_\_.

**I consent the Hong Kong College of Family Physicians (HKCFP) using, holding, storing and disclosing my personal data for all academic and administrative purposes under HKCFP's Personal Data (Privacy) Policy which is accessible at [www.hkcfp.org.hk](http://www.hkcfp.org.hk).**

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: \_\_\_\_\_ (Member I.D.) \_\_\_\_\_ 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
- a copy of the most recent three consecutive years HKCFP certificate of Quality Assurance or its equivalent
- a copy of HKCFP Vocational Training Certificate

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**For Official Use Only**

Reinstatement Fee : HK\$ \_\_\_\_\_ paid and

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

Recommended/Not recommended by Membership Committee

Signed: \_\_\_\_\_  
Membership Committee

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

Approved by the Council on \_\_\_\_\_

**HKCFP Online Membership Directory –  
For members registered with the Hong Kong Medical Council**

The HKCFP promotes the role of the Family Physician in the community. We are providing a voluntary membership directory for the general public on our website to further achieve this aim. Thank you all who have given the consent to make the directory a success.

As a member of the HKCFP, we wish to include you on this list, so as to allow the general public to find a Family Physician in their district or community.

The information listed would not be published unless we have your clear instruction of consent. By doing so, you are voluntarily consenting to have this information available for the general public.

The College will update the online membership directory regularly. If you wish to update or add your practice information in the online membership directory later, please kindly contact the College secretariat to obtain a form.

By Email: [membership@hkcfp.org.hk](mailto:membership@hkcfp.org.hk)

By Fax: 2866 0616