



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

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**APPLICATION FORM FOR NON-HKSAR MEMBERSHIP**

(Ver. 19 May 2017)

**PERSONAL PARTICULARS:**

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

Name in Chinese: \_\_\_\_\_ I.D.Card No.: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

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

Nature of Practice Private / Other: \_\_\_\_\_

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

Mobile Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E - Mail Address: \_\_\_\_\_

Correspondence Address  
English (Mandatory): \_\_\_\_\_

Chinese: \_\_\_\_\_

**DEGREES AND OTHER QUOTABLE QUALIFICATIONS:**

(As approved by the Hong Kong Medical Council)

Qualification	Date Obtained	Granting Authority

**REGISTRATION:** (Please attached a certified copy of your registration document)

Registration Authorities	Registration Number	Date of Full Registration
Hong Kong Medical Council		

**CURRENT APOINTMENTS/PRACTICE:**

(Please include details such as specialty, type of practices, name of supervising consultant, if any)

\_\_\_\_\_  
\_\_\_\_\_

**PARTICULARS OF ACADEMIC ACHIEVEMENTS:**

Research: \_\_\_\_\_

Publications, including theses and prize essays: \_\_\_\_\_

Experience in teaching: \_\_\_\_\_

Scholarship and prizes: \_\_\_\_\_

**PARTICULARS OF MEMBERSHIP OF MEDICAL OR RELATED ORGANIZATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate in details the following if applicable:

- (i) Previous criminal record or current criminal investigation in any jurisdiction.
- (ii) Previous medical council disciplinary record or equivalent in any jurisdiction.
- (iii) Current medical disciplinary investigation or proceedings in any jurisdiction.

I desire to become a Non-HKSAR Member of the Hong Kong College of Family Physicians, and I hereby give an undertaking that, on admission to the Hong Kong College of Family Physicians, 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 a member of the College.

I declare that:-

- (i) I have not practised in Hong Kong SAR for more than one year;
- (ii) I undertake to inform the College as soon as I resume remunerative medical practice in Hong Kong SAR; and
- (iii) I will keep the College updated with my address for correspondence.

I hereby enclose a cheque of HK\$300.00 being 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: \_\_\_\_\_

*Please return this form to: The Hon. Secretary, The Hong Kong College of Family Physicians, Rm803-804, 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

**For Official Use Only**

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

Recommended/Not recommended by Membership Committee

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

Application for Associate Membership approved by the Council on \_\_\_\_\_