



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. 01 August 2018)

PERSONAL PARTICULARS: (* Items are Mandatory)

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

Name in Chinese: _____ I.D.Card/Passport No.*: _____

Gender*: _____ Date of Birth*: ____/____/____
DD MM YYYY

Address of Practice: (English) _____
(Chinese) _____

Nature of Practice: Private / Others (please specify): _____

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

| Registration Authorities | Registration Number | Date of Full Registration |
|---------------------------|---------------------|---------------------------|
| Medical Council (Country) | | |
| | | |
| | | |

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.

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
- A copy of your country ID Card or Passport.

For Official Use Only

Annual Subscription for the year _____ HK\$ _____ paid

Recommended/Not recommended by Membership Committee

Signed: _____ Date: _____
Membership Committee

Approved by the Council on _____