



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 FOR REINSTATEMENT OF FELLOWSHIP**

(Ver. 4 July 2017)

**Please note that in order to allow adequate time for processing, only applications received by the end of each month will be assessed in the council meeting of the following month.**

**PERSONAL PARTICULARS:**

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

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

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

Place(s) of Practice: \_\_\_\_\_  
\_\_\_\_\_

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

Telephone No. (Home): \_\_\_\_\_ Telephone No. (Office): \_\_\_\_\_

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

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

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

**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		

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 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 in active general practice.

I hereby enclose a cheque of HK\$ \_\_\_\_\_, being the sum of HK\$850.00 Reinstatement Fee and HK\$\_\_\_\_\_ 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).**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist:**

*Please return this form to: The Hon. Secretary, The Hong Kong College of Family Physicians, Rm803-4, 8/F, 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 your graduation certificate.

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**For Office Use Only**

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

Recommended /Not recommended by Membership Committee

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

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