



THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, HK

Tel: (852) 2871 8899 Fax: (852) 2866 0616 Email: hkcfp@hkcfp.org.hk

Advanced Primary Care Life Support (APCLS) Training Workshop and Examination

APPLICATION FORM

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

Correspondence Address: _____

Contact Number: _____ Email: _____

Membership Status: Member (Member ID: ____ - ____) Non-member Sex: _____ M / F

Current Practice: Private HA DH Years in service _____

Other Institutions: Please specify _____

Date of Training Course: 28 – 29 July 2018 (Sat – Sun)

Course Fee:

- HKCFP Members: HK\$900.00
 Non-members: HK\$1,200.00

The completed application form must be returned to the Hong Kong College of Family Physicians on or before 13 July 2018 (Friday) with the corresponding course fee by a crossed cheque made payable to “HKCFP Education Limited”. This application fee is non-refundable and non-transferable unless the application is unsuccessful. Successful application will be notified by email. For enquiry, please email to education@hkcfp.org.hk.

Declaration:

1. I certify that I am physically fit to participate in the above training workshop and examination. I understand that the course will involve physical exertion. I am solely responsible for any personal injury or death as a result of my own health condition (including but not limited to pregnancy for female applicants) during attending course and examination. The Hong Kong College of Family Physicians and related personnel shall not be under any liability for any loss in such circumstances.
2. In the event of dispute in respect of these declarations or any rules and regulations arising from class, and/ or examination, the decision of the Hong Kong College of Family Physicians shall be final, binding and conclusive.
3. Female applicants are not allowed to sit for the APCLS training and examination any time during pregnancy. Please contact the Board for special arrangement.

Signature: _____ Date _____