

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Application Form
Basic Vocational Training in Family Medicine
(Please print in BLOCK LETTERS only)

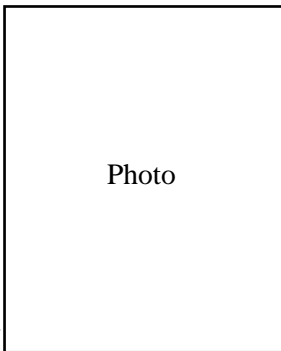
Name _____ (_____)
(Surname) (Given Names) Name in Chinese

Date of Birth _____ Sex _____ Marital Status _____

Basic Medical Degree _____ Year _____

Medical Registration No. _____ Date _____

HKCFP Membership No. (If applicable): _____



Other Degrees/Qualifications (If any):

Address (Mailing) _____

_____ Phone (Office): _____ Fax (Office): _____ Mobile: _____

Address (Home) _____

_____ Phone (Home): _____ Fax (Home): _____

E-mail Address: _____

Internship Experience:

Name of Working Organization	Specialty	Period (mm/yyyy-mm/yyyy)

Post-graduate Training Experience:

Is your post-graduate training is a training post?
 Yes* No

Is your post-graduate training post lead to any of quotable qualification recognized by the medical council of Hong Kong?
 Yes* No

*Please provide formal employment or training evidence from working or training organization

Name of Working Organization	Name of Training Organization & Specialty	Period (mm/yyyy-mm/yyyy)
e.g. HA/ QMH HA&SC	HKCFP & Family Medicine	1/2013 – 6/2013

Present Employer: _____

Present Training Centre: _____

Present position, Unit & Cluster: _____

Proposed date of commencement: (MM/YYYY) _____

Is it your first enrolment or re-enrolment? First enrolment / Re-enrolment

FUTURE TRAINING PLAN (at least one year must be specified):

Training Centre	Specialty	Period (mm/yyyy-mm/yyyy)
e.g. United Christian Hospital	Paediatrics	07/2013 - 09/2013

The application must be supported by an honorary clinical supervisor or co-ordinator of a training center who agrees to supervise / co-ordinate the training of the applicant by signing the appropriate area below.

RECOMMENDATION BY SUPERVISOR

For honorary clinical supervisor/ training center co-ordinator:

I support the application of the above applicant.

Name of clinical supervisor/training center co-ordinator: _____
(Block letters please)

Profession Qualification: _____

Present position of unit: _____

Signature: _____ Date: _____

CHECKLIST FOR BASIC TRAINING APPLICATION FORM

Please enclose the following documents:

- Curriculum vitae
- Cheque (For first enrolment: total HK\$6,000.00 including entrance fee HK\$2,500.00 and first 2 years annual training fee HK\$1,750.00 x 2 make payable to “**HKCFP Education Limited**”; For re-enrolment: total HK\$3,750.00 including administrative fee HK\$2,000.00 and annual training fee HK\$1,750.00 make payable to “**HKCFP Education Limited**”)
- Original document of previous training record (applicable only to candidate for re-enrolment)
- Fulfill HKCFP CME requirement in prior year (applicable only to candidate for re-enrolment)
- Formal employment or training evidence from working or training organization (applicable only to candidate for Post-graduate Training Experience)
- Certified true copies (*Self certified copies are acceptable*)
 - Current Annual Practicing Certificate
 - Hong Kong Medical Council License of Registration
 - Basic Qualification Certificate
 - Cardiopulmonary Resuscitation (CPR) Certificate *
 - Other Degree / Qualification Certificate

**A valid certificate within the first 3 months of commencing in Family Medicine Training is required.*

*Application with required documents should be sent to **The Hong Kong College of Family Physicians, Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.***

Application WILL NOT be processed unless all the required documents are submitted.

DECLARATION

I declare that the information I have provided on this application form and its attachments is correct.

I understand that it is my responsibility to follow the training regulation and requirement as stated in the training logbook.

I hereby enclose a cheque of HK\$6,000 (No. _____ payable to HKCFP Education Ltd.) as payment for the enrollment fee to the basic training programme. I understand all fees paid are neither refundable nor transferable.

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY

Received on: _____ Approved by: _____