

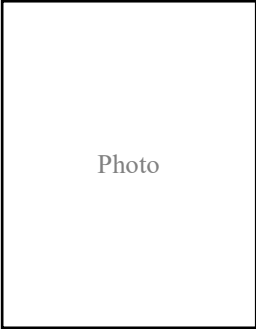
**THE HONG KONG COLLEGE OF FAMILY PHYSICIANS**  
**Board of Vocational Training & Standards**  
**Honorary Clinical Supervisor in FM Application Form**  
**(from May 2026 onwards)**

Name: \_\_\_\_\_(Eng.) \_\_\_\_\_(Chi.)

Correspondence Address: \_\_\_\_\_

Telephone: \_\_\_\_\_(Office) \_\_\_\_\_(Mobile)

Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_



*Currently Located Training Centre(s):*

<u>Centre</u>	<u>Department</u>

*Basic Degree:*

<u>Year of Graduation</u>	<u>School / Institution</u>	<u>Qualification / Level attained</u>

*Other Qualifications:*

<u>Year obtained</u>	<u>School / Institution</u>	<u>Qualification / Level attained</u>

FHKAM \*: Yes \_\_\_\_\_ / No \_\_\_\_\_      *Speciality:* Family Medicine  
(MM/YY)

HKCFP Membership \*: Fellow / Full / Associate / Non-Member

**RECOMMENDATION SUPPORT BY SUPERVISOR**

The application must be supported by Training coordinator of cluster/department **OR** BVTS clinical supervisor nomination subgroup who agrees to supervise / co-ordinate the training of the applicant by signing the appropriate area below.

**For Training coordinator of cluster/department OR BVTS clinical supervisor nomination subgroup:**

I support the application of the above applicant.

Name of clinical supervisor/cluster coordinator: \_\_\_\_\_  
(Block letters please)

Profession Qualification: \_\_\_\_\_

Present position of unit: \_\_\_\_\_

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

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**DECLARATION**

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

I am willing to spend time teaching the trainee in my area of speciality according to the scope defined in the Handbook for Vocational Training and follow the roles and responsibilities of Clinical Supervisor at [https://www.hkcfp.org.hk/pages\\_85\\_235.html](https://www.hkcfp.org.hk/pages_85_235.html)

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Please attach your Curriculum vitae (CV) if available and declaration form with the application and send to:*

**The Hong Kong College of Family Physicians**  
**Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen**  
*or email: [BVTS@hkcfp.org.hk](mailto:BVTS@hkcfp.org.hk)*

Please contact BVTS at 2871 8899 or by email: [BVTS@hkcfp.org.hk](mailto:BVTS@hkcfp.org.hk), should you have any enquiry.

*\* Delete as appropriate*