THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

Board of Vocational Training & Standards Honorary Clinical Supervisor Application Form

Name:	(Eng.)	(Chi.)	
Correspondence Addre	ess:		Photo
Telephone:	(Office)	(Mobile)	
Fax No.:	Email:		
Currently Located Trai	ning Centre(s): Centre	<u>Departme</u>	<u>ent</u>
Basic Degree: Year of Graduation	School / Institution	Qualification /	/ Level attained
Other Qualifications: Year obtained	School / Institution	Qualification /	/ Level attained
FHKAM *: Yes(MM	/ No Specialit /YY)	ty:	
•	Fellow / Full / Associate / Non	-Member	
	end time teaching the trainee andbook for Vocational Trainin		-
Signature:	(I	Block Letter:)

Please attach your Curriculum vitae (CV) if available 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: <u>BVTS@hkcfp.org.hk</u>

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

^{*} Delete as appropriate