

Attn to: Chairman, HKCFP Young Doctor Committee  
Email: [YDC@hkcfp.org.hk](mailto:YDC@hkcfp.org.hk)  
Fax: 2866 0616

Dear Chairman,

**APPLICATION FOR HKCFP MENTORSHIP PROGRAMME**

I wish to join the HKCFP mentorship program and agree to disclose my contact details to the mentors, here's my details for your consideration to pairing up.

Thank you!

----- **APPLICATION FORM** -----

Name of Trainee: \_\_\_\_\_ ; Gender: \_\_\_\_\_ ; Age: \_\_\_\_\_

Year of starting FM Training: \_\_\_\_\_ ; HKCFP membership no.: \_\_\_\_\_

Practicing site/training centre: \_\_\_\_\_ ; Mobile phone no: \_\_\_\_\_

Correspondences email: \_\_\_\_\_

Preferable visiting site of the mentor's clinic (if any): \* NT/Kowloon/Hong Kong Island \_\_\_\_\_

Signature of the applicant: \_\_\_\_\_ ; Date of Application: \_\_\_\_\_

*\* Please delete as appropriate*