



香港家庭醫學學院
The Hong Kong College of Family Physicians

Rooms 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Tel: (852) 2871 8899 Fax: (852) 2866 0616

E-mail: hkcfp@hkcfp.org.hk Website: www.hkcfp.org.hk

香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓8樓803-4室



APPLICATION FORM FOR FELLOWSHIP

(Ver. 1 Dec 2023)

New Application Reinstatement of Fellowship _____ (Member I.D.)

College's online membership directory is for public education and public access. It is approved by the Medical Council of Hong Kong. Please indicate your consent on the below information online by make a ✓ into the boxes of each item. The information listed below would not be published unless your consent is received. Items with would not be published.

PERSONAL PARTICULARS: (* Items are Mandatory)

Name in English*: _____
(Surname first, Block Letters, Please)

Name in Chinese: _____ Gender*: _____

Category of Membership (e.g. Associate Member, Full Member, Fellowship etc.)

I.D. Card/Passport/Identification Document (Please specify) No.*: _____
(Please circle)

Date of Birth*: ____/____/____
DD MM YYYY

Address of Practice:(English) _____
(Chinese) _____

Nature of Practice:HA (Hospital/GOPD) / DH / Private (Hospital/OPD/Solo/Group) / Institute /
UHS / NGO Medical Group / Other: _____ (Please circle)

Practice Telephone No.: _____ Home Telephone No.: _____

Mobile Phone No.*: _____ Fax No.: _____ (Work/Home)
(Please circle)

E-mail Address*: _____

Correspondence Address* (Home/Work - please circle)

English (Mandatory): _____

Chinese: _____

DEGREES AND OTHER QUOTABLE QUALIFICATIONS:

(As approved by the Hong Kong Medical Council)

Qualification	Date Obtained	Granting Authority

REGISTRATION:

Registration Authorities	Registration Number	Date of Full Registration
Hong Kong Medical Council		

GENERAL PRACTICE EXPERIENCE:

From	To	Place	#Type of Practice (Appointment if applicable)	Full/Part Time

Type of Practice: Solo Practice/Group Practice/Private/Government/Institutional/Others (Please specify)

PARTICULARS OF VOCATIONAL TRAINING: (Year of completion/Granting authority)**PARTICULARS OF CME ACTIVITIES:**

HKCFP Certificate of Quality Assurance (Years obtained/No. of credit points)

Others :

PARTICULARS OF ACADEMIC ACTIVITIES: (Publications/Experience in teaching/Scholarships and prizes:)**PARTICULARS IN ADMINISTRATIVE EXPERIENCE:**

Offices held in medical associations and societies:

Other community services:

I desire to become a Fellow of The Hong Kong College of Family Physicians, and I hereby give an undertaking that I will:-

- (i) uphold and promote to the best of my ability the aims and objectives of the College;
- (ii) observe and comply with the provisions of the Articles of Association and such Regulations and Bye-laws of the College as may from time to time be in force; and
- (iii) undertake and continue approved post-graduate study while I remain in active practice in family medicine.

(Please ✓ as appropriate)

New Application:

I hereby enclose a cheque of HK\$1,600.00 being the Annual Subscription Fee for the year _____.

Reinstatement of Fellowship:

I hereby enclose a cheque of HK\$2,700.00, being the sum of Reinstatement Fee of HK\$1,100.00 and HK\$1,600.00 Annual Subscription Fee for year 2024.

I consent the Hong Kong College of Family Physicians (HKCFP) using, holding, storing and disclosing my personal data for all academic and administrative purposes under HKCFP’s Personal Data (Privacy) Policy which is accessible at www.hkcfp.org.hk.

I have the responsibility to report my discipline issue to the HKCFP in written by email to membership@hkcfp.org.hk or fax at 2866 0616 within ONE month of the final judgement.

I consent supporting the “Go Green” initiative by receiving all issues of Family Physicians Links (FP Links) in electronic versions from HKCFP’s website at http://www.hkcfp.org.hk/fplinks_40.html. Members who would like to receive printed copies of FP Links, please send email to FPLinks@hkcfp.org.hk.

Date: _____

Signature: _____

The following to be completed by a registered medical practitioner of good standing and who is a Fellow of the College who knows the above named personally and believes him/her to be a suitable person to be elected a Fellow of the Hong Kong College of Family Physicians. The proposer must not be in partnership with the applicant.

Name of Proposer: _____ (Member I.D.) _____ Signature: _____

(Surname first, Block letters please)

Please return this form to: The Hon. Secretary, The Hong Kong College of Family Physicians, Rm 803-804, HKAM Jockey Club Bldg., 99 Wong Chuk Hang Road, Aberdeen, Hong Kong with:

- 2 passport size photos
- a cheque for your subscription and/or reinstatement fee payable to “**The Hong Kong College of Family Physicians**” which will be returned in case of unsuccessful application
- a copy of your annual practising certificate issued by the Hong Kong Medical Council
- a copy of the most recent three consecutive years HKCFP certificate of Quality Assurance or its equivalent
- a copy of HKCFP Vocational Training Certificate

Note:

Apart from the membership application form, please **DO NOT** send any original certificates/ documents to the College Secretariat and these originals would not be kept in our record.

For Official Use Only

Reinstatement Fee : HK\$ _____ paid and
Annual Subscription : HK\$ _____ paid for the year _____.

Recommended/Not recommended by Membership Committee

Signed: _____ Date: _____
Membership Committee

Approved by the Council on _____

**HKCFP Online Membership Directory –
For members registered with the Hong Kong Medical Council**

The HKCFP promotes the role of the Family Physician in the community. We are providing a voluntary membership directory for the general public on our website to further achieve this aim. Thank you all who have given the consent to make the directory a success.

As a member of the HKCFP, we wish to include you on this list, so as to allow the general public to find a Family Physician in their district or community.

The information listed would not be published unless we have your clear instruction of consent. By doing so, you are voluntarily consenting to have this information available for the general public.

The College will update the online membership directory regularly. If you wish to update or add your practice information in the online membership directory later, please kindly contact the College secretariat to obtain a form.

By Email: membership@hkcfp.org.hk
By Fax: 2866 0616



The Hong Kong College of Family Physicians Personal Data (Privacy) Policy

(Ver. 19 May 2017)

The **Personal Data (Privacy) Ordinance** 個人資料(私隱)條例 contains provisions dealing with the purpose and manner of collection of personal data; accuracy and duration of retention of personal data; use of personal data; security of personal data; and access to personal data.

This statement sets out the College's policies relating to the collection and use of personal data in accordance with the Personal Data (Privacy) Ordinance.

1. Your personal data is important to us

The College recognizes that your privacy is important. We know that providing personal data is an act of trust and we take that seriously. The College is committed to protecting the privacy of our individual members. All practicable steps will be taken to ensure that your personal data are protected against unauthorized or accidental access, processing or erasure.

2. Collecting personal data about you

If you are a College member, we collect personal data about you in order to provide you with the full benefits of Membership. We collect information from you directly when you become a member and also from time to time thereafter when you provide us additional information.

3. Using and disclosing your personal data

Your personal data will be used solely for purposes relating to functions and activities conducted by the various Boards and Committees of our College. Without your consent, the College will not disclose any information to third parties, unless:

- we are authorized by law.
- we believe it (is) necessary to provide you with a service that you have requested.
- we act to implement our terms of use.
- we act to protect the rights or property of the College, any College user, or any member of the public.
- we act for the purpose of prevention or detection of crime.
- we act to prevent or lessen a serious harm to a person's health or safety.

4. Storage and security of your personal information

Once you are a member, we maintain a record of the status of your membership and a history of your transactions with the College. For those who have ceased their membership with our College, their data will be removed from our active databank. A certain portion of information may be retained in our main data bank if we anticipate their potential use in the near future.

The College will endeavor to take all reasonable steps to keep secure any personal data which we hold, process, circulate and transmit, and keep this data accurate and up to date. Your information is stored on secure servers and protected in controlled facilities. Guidelines from the Boards and Committees are provided to their members, and instructions given to our secretariat staff, regarding personal data security control. In addition, the contractors who provide services related to our information systems are obliged to respect the confidentiality of any personal information held by the College. However, the College will not be held responsible for events arising from unauthorized access to your personal information. Please notify us immediately if there is any suspected event of unauthorized use of your personal data or breach of security.

5. Information access and correction

Subject to exemptions under the Personal Data (Privacy) Ordinance, you have the right of access and correction of your personal data. Request should be addressed in writing to our College Secretariat. We will respond to your request within 40 days. A nominal fee may be charged to cover the administrative cost.

6. Promotional Mail

For your benefits we may send you on occasion promotional information about the College or other related information. If you do not wish to receive this information any longer, you may ask us to remove your name from our list by writing to us. Please allow 2 weeks for this request to be processed.

The College will notify you in case of future change of its privacy policy. Should you have further queries or any difficulties, please contact us. For more information on the Personal Data (Privacy) Ordinance, please visit the website of the Office of the Privacy Commissioner for Personal Data at <http://www.pcpd.org.hk/>.