



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

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## APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

(Ver. 13 Sep 2024)

- New Application     Transfer from Category of Membership \_\_\_\_\_ (please Specify)
- Reactivate of Membership \_\_\_\_\_ (Member I.D.)

**Please note that in order to allow adequate time for processing, only applications received by the end of each month will be assessed in the council meeting of the following month.**

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 The information listed below would not be published unless your consent is received. Items with  would not be published.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\*: \_\_\_\_\_  
 (Official name appears on the identification document – 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 |                     |                           |
|                           |                     |                           |
|                           |                     |                           |

**TRAINING AND EXPERIENCE:****Hospital Appointments:**

| Date |    | Hospital | Appointment & Remarks |
|------|----|----------|-----------------------|
| From | To |          |                       |
|      |    |          |                       |
|      |    |          |                       |
|      |    |          |                       |
|      |    |          |                       |
|      |    |          |                       |

**General Practice Experience:**

| Date |    | Place | #Type of Practice<br>(Appointment of applicable) | Full/Part<br>Time |
|------|----|-------|--|-------------------|
| From | To |       |  |                   |
|      |    |       |  |                   |
|      |    |       |  |                   |
|      |    |       |  |                   |
|      |    |       |  |                   |
|      |    |       |  |                   |

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

**CURRENT APPOINTMENTS:**

| Appointment | Institution/Practice |
|-------------|----------------------|
|             |                      |
|             |                      |
|             |                      |

**PARTICULARS OF ACADEMIC ACTIVITIES:** (Publications/Experience in teaching/Scholarships or prizes:)

**PARTICULARS IN ADMINISTRATIVE EXPERIENCE:**

Offices held in medical associations and societies:

Other community services:

**PARTICULARS OF MEMBERSHIP OF MEDICAL OR RELATED ORGANIZATIONS:**

| Type of Membership | Organization |
|--------------------|--------------|
|                    |              |
|                    |              |
|                    |              |
|                    |              |

I desire to become an Associate Member of The Hong Kong College of Family Physicians, and I hereby give an undertaking that, on admission to the Hong Kong College of Family Physicians, 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.

I hereby enclose a cheque for the following payment of Entrance Fee/ Handling Fee and Annual Subscription:  
<Please  as appropriate>

|   |              |                          |
|---|--------------|--------------------------|
| <b>Entrance Fee (for new application)</b>   | HK\$1,100.00 | <input type="checkbox"/> |
| <b>Handling Fee (for membership reactivation)</b>   | HK\$1,100.00 | <input type="checkbox"/> |
| <b>Annual Subscription for Year 2024</b>  |              |                          |
| (Normal Rate)   | HK\$1,070.00 | <input type="checkbox"/> |
| (For those within first 3 years after graduation)   | HK\$ 540.00  | <input type="checkbox"/> |
| (For the newly-joined applications received between 1 <sup>st</sup> July and 31 <sup>st</sup> December 2024 <sup>^</sup> )  | HK\$ 540.00  | <input type="checkbox"/> |
| (For the newly-joined applications received between 1 <sup>st</sup> July and 31 <sup>st</sup> December 2024 <sup>^</sup> and those within first 3 years after graduation) | HK\$ 270.00  | <input type="checkbox"/> |

<sup>^</sup> according to postal mark

**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](http://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](mailto: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](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](mailto:FPLinks@hkcfp.org.hk).**

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

Full Name: \_\_\_\_\_

The following to be completed by two nominators, who are registered medical practitioners of good standing and who know the above named personally and believe him/her to be a suitable person to be elected an Associate Member of the Hong Kong College of Family Physicians. The proposer must be a Full Member/Fellow of the College.

**\* Nominators are not required for Student Members applying for transfer to Associate Membership.**

Name of Proposer: \_\_\_\_\_ (Member I.D.) \_\_\_\_\_ Signature: \_\_\_\_\_  
(Surname first, Block letters please)

Name of Seconder: \_\_\_\_\_ (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 Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong with the followings:

<Please  as appropriate>

- 2 passport size photos
- a cheque for your entrance fee/ handling fee and annual subscription 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 your graduation 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.

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**For Office Use Only**

Received -

Entrance/Reactivate Fee HK\$ \_\_\_\_\_ and Annual Subscription HK\$ \_\_\_\_\_ for the year \_\_\_\_\_.

Recommended / Not recommended by Membership Committee

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Membership Committee

Approved by the Council on \_\_\_\_\_

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**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](mailto: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/>.