## WONCA APR Conference 2025 BPEX, Busan, Korea

24 - 27 April 2025 (Thursday – Sunday) Application deadline:27 January 2025 (Monday)

| . PERSONAL DI           | ETAILS:  |                      |  |  |  |  |  |
|-------------------------|--|----------------------|--|--|--|--|--|
| Name:                   | ,  | Recent Photo         |  |  |  |  |  |
|                         | k letters please with surname first) (Chinese, if applicable)  | (e-copy is accepted) |  |  |  |  |  |
| Membership ID:          | Email:   |                      |  |  |  |  |  |
| Address of Practice     | :  |                      |  |  |  |  |  |
| Office Phone no.:       | Mobile Phone no.:  |                      |  |  |  |  |  |
|                         | Date of Joining the Hong Kong College of Family Physicians:  |                      |  |  |  |  |  |
| _                       | p status of the Hong Kong College of Family Physicians:  |                      |  |  |  |  |  |
|                         | / Associate / Student / Affiliate / Non-HKSAR Member / Non   | HKSAR Fallow         |  |  |  |  |  |
|                         |  | -HROART Blow         |  |  |  |  |  |
| * Please delete as appr | etus: * Basic Trainee / Higher Trainee / non-Trainee  **ropriate**   |                      |  |  |  |  |  |
|                         | VOLVEMENT AND ACHIEVEMENT (Add additional pages if pec   | occary)              |  |  |  |  |  |
|                         | . ACADEMIC INVOLVEMENT AND ACHIEVEMENT (Add additional pages if necessary)  a. Education, undergraduate and post-graduate teaching experience: |                      |  |  |  |  |  |
|                         |  |                      |  |  |  |  |  |
| b. Research(es):        |  |                      |  |  |  |  |  |
|                         |  |                      |  |  |  |  |  |
| c. Publication(s):      |  |                      |  |  |  |  |  |
| c. Fublication(s).      |  |                      |  |  |  |  |  |
| d Cabalarabin(a)        | and prize(a)   |                      |  |  |  |  |  |
| d. Scholarship(s)       | and prize(s).  |                      |  |  |  |  |  |
| - Oth                   |  |                      |  |  |  |  |  |
| e. Others:              |  |                      |  |  |  |  |  |
|                         |  |                      |  |  |  |  |  |
| B. DAILY ATTEND         | DING PLAN (https://www.woncaap2025.org/):  |                      |  |  |  |  |  |
| Pre-conference          |  |                      |  |  |  |  |  |
| (if any)                |  |                      |  |  |  |  |  |
|                         |  |                      |  |  |  |  |  |
| (Day 1)                 |  |                      |  |  |  |  |  |
|                         |  |                      |  |  |  |  |  |
| (Day 2)                 |  |                      |  |  |  |  |  |
|                         |  |                      |  |  |  |  |  |
| (Day 3)                 |  |                      |  |  |  |  |  |
| (Day O)                 |  |                      |  |  |  |  |  |
|                         |  |                      |  |  |  |  |  |
| (Day 4)                 |  |                      |  |  |  |  |  |

| 4. | REGISTRATION OF THE CONFERENCE:   |                                  |           |  |  |  |
|----|---|----------------------------------|-----------|--|--|--|
|    | Yes (Please prov  | vide the official receipt)       | ☐ Not yet |  |  |  |
| 5. | PRESENTATIONS:  |                                  |           |  |  |  |
|    | Yes: please provide the submitted abstract of your presentations for College's record, and the official |                                  |           |  |  |  |
|    | confirmation ASAP once available.   |                                  |           |  |  |  |
|    | ☐ Oral(s) x   | ☐ Poster(s) x                    | Others:   |  |  |  |
|    | □No   |                                  |           |  |  |  |
| 6. | THE REASONS (   | OF YOUR APPLICATION (about 500 v | vords).   |  |  |  |
|    |   |                                  |           |  |  |  |
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| Р  | Please use additional sheet(s) if necessary   |                                  |           |  |  |  |

## 7. DECLARATION (required by the Hong Kong College of Family Physicians)

- ✓ I hereby **AGREE**, if necessary, to appear for interview by the Nomination Committee, and
- ✓ I UNDERSTAND the decision by the Nomination Committee will be final, and
- ✓ I hereby give an undertaking that, on successful granting of sponsorship by HKCFP Foundation Fund, I **AGREE**,
  - (a) to acknowledge the College in all of my Presentation materials, such as PowerPoints, Posters etc.;
  - (b) to uphold and promote to the best of my ability the aims and objectives of the College;
  - (c) to observe the provisions of the HKCFP Articles of Association and such Regulations and By-laws of the College;
  - (d) to take part in the College official functions, if any, during the Conference;
  - (e) to submit a written report (>800 words) with photos in one month after the conference for publication if applicable.
- ✓ I **NOTE** HKCFP Privacy Policy at http://www.hkcfp.org.hk/privacy\_policy.html

|                                    | Signature                             |     |
|------------------------------------|---------------------------------------|-----|
|                                    | Name in Block Letters                 |     |
|                                    | Date                                  |     |
|                                    | 1                                     |     |
| FOR OFFICE USE ONLY                |                                       |     |
| 1. Proposed by the Nomination Comm | ittee                                 |     |
| Recommended for the sponsorship:   | ☐ Yes and the sponsorship amount is H | K\$ |
|                                    | ☐ No                                  |     |
|                                    |                                       |     |
| Signature                          | Signature                             |     |
| Name in Block Letters              | Name in Block Letters                 |     |
| Date                               | Date                                  |     |
|                                    |                                       |     |
| 2. Seconded by Executive Committee |                                       |     |
|                                    | Signature                             |     |
|                                    | Name in Block Letters                 |     |
|                                    | Date                                  |     |