

# HONG KONG COLLEGE OF PAEDIATRICIANS

## APPLICATION FOR FELLOWSHIP (By invitation only)

### Part 1. Fellowship's Particulars

English Name:	College Member No.	Recent Photo (1 ½" x 2")
Chinese Name:	Sex:	
Hong Kong Identity Card No./ Passport No.:	Date of Birth: (Day/Month/Year)	
Corresponding Address:		
Alternative Address (optional):		
Mobile Phone Number:	Email Address:	
Present Appointment:	Working Institute:	

### Part 2. Qualifications

Qualification	Awarding Institute	Date (Month/Year)	Date Passing Exam (Month/Year)
Member	HK College of Paediatricians		
Exit Assessment	HK College of Paediatricians		

**1. I declare that all the above information is true and correct.**

**2. Consent on the use of personal data**

I hereby consent to the personal data contained herein to be used by the College for academic, training and administrative purposes on a voluntary basis.

I understand I have the following rights in accordance with the provisions of the Personal Data (Privacy) Ordinance:

- to access and correct all personal data directly from the College;
- to withdraw or opt out my consent previously given by written notice.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Approved By (for Official use):**

**Membership Committee Approved Date:**

\_\_\_\_\_

**Council Approved Date:**

\_\_\_\_\_

**Note:**

- Please return this application form together with relevant documents relating to Checklist to the Honorary Secretary, Hong Kong College of Paediatricians, Room 801, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.
- Applications will be processed and vetted during the Committee meeting provided the paper forms of all relevant application documents arrive at College at least 3 weeks prior to each upcoming Membership Committee Meeting.
- Electronic copies are **not** accepted.