

HONG KONG COLLEGE OF PAEDIATRICIANS

APPLICATION FOR ASSOCIATESHIP

No. _____

(for official use)

Part 1. Associateship's Particulars

English Name:	Title:	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 Post		
<input type="checkbox"/> Paediatric resident trainee	<input type="checkbox"/> Other, specify _____	
Department:	Starting date:	
Date of registration with Hong Kong Medical Council:		
<input type="checkbox"/> Full registration: Start from _____		
<input type="checkbox"/> Limited registration: Effective period from _____ to _____		
<input type="checkbox"/> Other types of registration: Please specify _____		

Attach certified photocopy of Registration Certificate and current Annual Practising Certificate

Part 2. Qualifications (Academic/Professional)

Qualification	Awarding Institute (Name, City and Country)	Date (Month/Year)

*Put * in front of additional qualification(s) since admission as an Associate and attach certified copy of relevant certificates and diplomas.*

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

Proposer

I am a Fellow of the Hong Kong College of Paediatricians. I have been acquainted with (the applicant) for years and I certify him / her a medical practitioner of good conduct and he / she has met the requirements for admission as a Member of the College.

Name of Proposer
(BLOCK LETTERS)

Signature

Date

*N.B. The Proposer is required to certify all photocopies of documents.
(Please PRINT your name clearly with signature and institution specified.)*

Second Proposer

I am a Fellow of the Hong Kong College of Paediatricians and I would like to second the proposer.

Name of Proposer
(BLOCK LETTERS)

Signature

Date

Approved By (for Official use):

Membership Committee Approved Date:

Council Approved Date:

Note:

- a. Please return this application form together with relevant documents as stipulated on the Checklist for Application of Associateship to the Honorary Secretary, Hong Kong College of Paediatricians, Room 801, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong.
- b. 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.
- c. Electronic copies are **not** accepted.

Consent Form for Personal Data Collection

I hereby declare that the personal data I provide is done so on a voluntary basis and I understand that the data will be **used by the administrative staff of the Hong Kong Academy of Medicine (“the Academy”)** who are responsible for the Academy’s initiatives relevant to trainee’s training, well-being and personal growth.

USE OF DATA

I hereby agree to release my personal data including **(i) my full name; (ii) my contact email address; and (iii) my MCHK number** for the following purposes:

- receiving the latest news about the upcoming educational conferences, seminars, and training courses organised by the Academy;
- receiving the latest news about the social activities such as sports games, gatherings with music and BBQ organised by the Academy.

RIGHTS

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 Academy;
- to withdraw or opt out my consent previously given by written notice.

All reasonable steps and means will be taken by the Academy to protect the security and confidentiality of your personal data. Your email will not be forwarded to a third party and will only be used for this particular purpose.

Trainees can obtain more information about the use of data and rights of data subject (i.e. trainees) through direct contact with the [Academy](#) on 2871 8888 or via hkam@hkam.org.hk.

Data submission date:	
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Full name

MCHK no.:

Signature