

Hong Kong College of Paediatricians
Developmental-Behavioural Paediatrics
Subspecialty Training Application Form

Part A *Applicant's particulars*

Name: _____
(IN BLOCK LETTERS, Surname first) (in Chinese)

Recent photo

Gender: M / F Basic medical degree / year: _____

Other medical qualifications:

Medical Council Hong Kong Registration no.: _____

Present appointment:

Tel.: _____ Fax: _____ e-mail: _____

Current practice address:

Correspondence address:

Stage of general paediatrics training (please)

- Specialist holding the qualification of FHKAM (Paediatrics) or its equivalent
- Candidate who has completed 3 years basic training in general paediatrics and has passed the Joint MRCPCH(HK) / Hong Kong College of Paediatricians Intermediate Examination. If you are in Higher Training or about to proceed to Higher Training, please provide the plan of your Higher Training programme.

Part B *Curriculum vitae*

Please submit a curriculum vitae that includes the following where applicable:

- Academic record and professional qualifications with dates
- Present and previous appointments with dates (including internship)
- Previous training with dates and sponsorship, including courses/conferences attended, local and overseas training, professional and administrative
- Supervisors & Trainers during period of Accredited Training in general Paediatrics
- Research or projects completed or in progress
- Publications
- Presentations in local or overseas conferences
- Participation in professional bodies
- Community service and positions held
- Teaching activities
- Extra-curricular activities involvement and official capacities held
- Awards, prizes, scholarships or distinctions obtained

Part C *Support of the Chief of Service or Service Head (if applicable)*

To: DBP Subspecialty Board

I support / do not support the candidate's application for training in DBP.

Additional comments:

**Chief of
Service:**

(Name in block letters)

(Signature)

(Date)

Part D *Referees*

Please provide two referees who are Fellows of the College of Paediatricians for reference:

REFEREE 1: _____
(Name in BLOCK LETTERS, Surname first) Position

e-mail: _____ Tel: _____

Contact address:

Signature of Referee

REFEREE 2: _____
(Name in BLOCK LETTERS, Surname first) Position

e-mail: _____ Tel: _____

Contact address:

Signature of Referee

Part E *Declaration of Applicant*

I, the undersigned, hereby declare that all information given or attached is true, accurate and complete and authorize the College to verify and to communicate the above information with whatever sources the College may choose.

(Signature) (Date)

The personal data provided by means of this form will be used by the College solely for the purpose of processing application for the training programme in DBP.