

# HONG KONG COLLEGE OF PAEDIATRICIANS

## APPLICATION FOR EXIT ASSESSMENT

(in \_\_\_\_\_ Month / \_\_\_\_\_ Year)

### I. Particulars

Name: \_\_\_\_\_ (English)

(BLOCK LETTERS)

\_\_\_\_\_ (Chinese)

(Recent Photo)

Sex: M / F      Date of Birth: (day/month/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nationality: \_\_\_\_\_

Hong Kong Identity Card No./Passport No.: \_\_\_\_\_ / \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Present Appointment: \_\_\_\_\_

Working Institute: \_\_\_\_\_

### Qualifications:

<i>Qualification</i>	<i>Awarding Institute</i>	<i>Date</i> (month/year)	<i>Date Passing Exam</i> (month/year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a Member of the Hong Kong College of Paediatricians? \_\_\_\_\_ Yes / No

Date of Admission: \_\_\_\_ / \_\_\_\_ (month/year)

Registration with the Medical Council of Hong Kong:-      Registration Number \_\_\_\_\_

**II Working Experience / Training (including internship)**

<i>Post</i>	<i>Institute</i>	<i>Period</i>
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____
( ) _____	_____	_____

*Put a tick in ( ) to those relevant to training in paediatric medicine.*

**Supervisors & Trainers during Period of Accredited Training in Paediatrics**

<i>Supervisor</i>	<i>Trainer</i>	<i>Institute</i>	<i>Period</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(If you are unable to fill in all details in this section, please continue on a separate sheet.)*

### **III Publications / Write-Ups for Submission**

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I declare that the above information is true and correct.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of applicant)

Proposer 1 \*\*

Name: \_\_\_\_\_ Qualification: \_\_\_\_\_  
Post: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_

Proposer 2 \*\*

Name: \_\_\_\_\_ Qualification: \_\_\_\_\_  
Post: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_

*\*\* Must be a Fellow of the Hong Kong College Paediatricians*

Notes:

1. *In your submission, the following are required: certified true copies of certificates, 2 photographs certified by one of the proposers, write-ups, log sheets of higher training, supervisor's reports, Exit Assessment Form A-Record of Higher Training in Paediatrics, Exit Assessment Form B-Checklist for Dissertations and a cheque in the amount of **HK\$5,500** for assessment fee made payable to "Hong Kong College of Paediatricians".*
2. *In the event of a discrepancy in the submitted training record and the actual training undertaken by a trainee being detected, the College reserves the right to declare the assessment result as invalid and the candidate would have to re-sit the Exit Assessment after the training deficiency had been corrected.*
3. *Return the Application to the Secretariat of the Hong Kong College of Paediatricians, Room 801, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.*