

The Hong Kong College of Paediatricians
Genetics and Genomics (Paediatrics) (GGP)
遺傳學及基因組學專科(兒科)
Subspecialty Training Application Form

Recent photo

I Applicant's particular

Name: _____
(Block Letters) (Surname) (Given Name)

Chinese Name : _____

Gender : _____ M/F Basic Medical Degree/ year : _____

Other medical qualification : _____

Date of Birth : _____ Place of Birth : _____

Correspondence Address : _____

Office Address : _____

Rank/Post : _____

Tel : _____

E-mail : _____

Stages of general paediatrics training (please

- Candidates who have completed 3 years basic training in general paediatrics and have passed the Joint MRCPCH (UK) / Hong Kong College of Paediatricians Intermediate Examination are eligible to receive up to a maximum of one cumulated year of GGP subspecialty training experience during their higher training in general paediatrics (the overlapping year), subject to prior approval of the proposed training by the GGP Subspecialty Board. Or
- Specialists holding the qualification of FHKAM (Paediatrics) or its equivalent.

II Curriculum Vitae

Please submit Curriculum vitae that should include the following items whenever applicable:

- Academic record and professional qualification with dates
- Present and previous appointments with dates
- Involvement in activities/committees at departmental, hospital, head office level as well as local college and professional bodies
- Previous training record with dates including courses/conferences, local & overseas training, professional & administrative.
- Publications & presentations in both local and overseas conferences
- Research or projects completed or in progress
- Teaching activity
- Community service
- Previous awards/prizes/scholarships/fellowships obtained with dates

III Referees

Name and address of two referees who are Fellows of Hong Kong College of Paediatricians

IV 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.

Name (Block letter)	Signature of Applicant	Date
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V Support of the Chief of Service (COS) or Service Head (if applicable)

I support/ do not support the above candidate's application for training in Genetics and Genomics (Paediatrics).

Additional comments:

Name (Block letter)	Signature of COS or service head	Date
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Note

- 1) 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 GGP.
- 2) Application has to be supported by Chief of Service or Service Head (if applicable) of applicant's department.
- 3) Please return the duly completed application form, with curriculum vitae to:

Dr Luk Ho Ming
Hon. Secretary, GGP Subspecialty Board
c/o Cherry Kwok, College Secretary,
Hong Kong College of Paediatricians
Room 801, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, HONG KONG

Tel: 2871 8771
Fax: 2785 1850
Email: enquiry@paediatrician.org.hk

- 4) Confidential statement of the referee may be sent either with the completed application or separately to the Hon. Secretary by the referee under confidential cover and should reach the Hon. Secretary's Office as soon as possible.