HONG KONG COLLEGE OF PAEDIATRICIANS

APPLICATION FOR FELLOWSHIP
(By invitation only)

Name: _____(English) College Member No. _____
_____(Chinese)

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

Hong Kong Identity Card No./ Passport No.: _____ / _____

Corresponding Address:

_____

_____

Alternative address (optional)

_____

_____

Recent Photograph (Passport size)

Mobile phone number: _____ Email Address: _____

Present Appointment: _____

Working Institute: _____

Qualifications:

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

I declare that all the above information is true and correct.
I consent to the personal data contained herein to be used by the College for academic, training and administrative purposes.

_____ _____
Applicant's 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 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.
b. Applications will be processed and vetted during 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.