

HONG KONG COLLEGE OF PAEDIATRICIANS

Application for Associateship

No. _____
(for official use)

Please print

1. Name _____ (BLOCK LETTERS)

Title _____ Chinese (if any) _____

2. Sex _____

3. Date of Birth (Date/Month/Year) _____

4. Hong Kong Identity Card No. _____

5. Nationality _____

6. Office Address _____

Tel/Mobile _____ Fax _____

7. Home Address _____

Tel _____ Fax _____

Email address: _____

8. Present Appointment Post Paediatric resident trainee

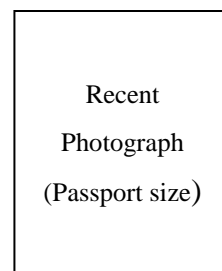
Other, specify _____

Department _____

Starting date _____

9. Date of full registration with Hong Kong Medical Council _____

(Attach certified photocopy of Registration Certificate and current Annual Practising Certificate)



10. Qualifications (Academic/Professional)

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

*Put * in front of basic qualification. Attach certified copy of relevant certificates and diplomas*

11. Working Experience including internship in chronological order

Post#	Institute (Name, City and Country)	Period	
		From (Mon/Yr)	To (Mon/Yr)
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____

*#Put ✓ in () for the posts which are that of Paediatric resident trainee
Attach evidence of training/experience from Dept Heads*

12. **Additional Publication** Author, Title of Paper, Journal, Year, Volume, Page
(Please attach a separate sheet if necessary)

14. Are you currently a member of other Colleges of H.K. Academy of Medicine?

Yes / No

If yes, please state what Colleges:-

Colleges	Type of Membership	Date of Admission
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. 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

16. 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 an Associate 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.)*

17. 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

18. Approved By (for official use)

Membership Committee dated _____

Council dated _____

Note:

- a. Please return this application form together with relevant documents relating to Sections 9, 10 and 11 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. All applications would be based on submission of paper copies (no electronic copies are accepted).
- c. All processes are based on the receipt of paper forms and official cut-off date of application processing is **2 weeks** prior to each upcoming Membership Committee Meeting.