

HONG KONG COLLEGE OF PAEDIATRICIANS

Application for Membership (From existing Associates)

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 _____

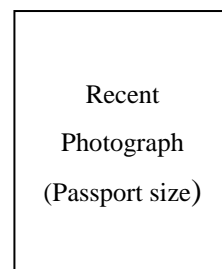
Tel _____ Fax _____

Email address: _____

8. Present Appointment _____

9. Date of Admission as Associate of HK College of Paediatricians _____

10. Attach photocopy of current Annual Practising Certificate
Issued by the Hong Kong Medical Council



11. Qualifications (Academic/Professional)

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

*Put * in front of additional qualification(s) since admission as an Associate and attach certified copy of relevant certificates and diplomas*

12. Working Experience including internship in chronological order

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

*#Put ✓ in () for the posts which are that of Paediatric resident trainee
Attach evidence of additional experience since admission as an Associate*

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 a Member 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. Approved By (for official use)

Membership Committee dated _____

Council dated _____

Note:

- a. Please return this application form together with relevant documents relating to Sections 10, 11 and 12 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.