

HONG KONG COLLEGE OF PAEDIATRICIANS

APPLICATION FOR FELLOWSHIP (By invitation only)

Name: _____ (English)

_____ (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:

<i>Qualification</i>	<i>Awarding Institute</i>	<i>Date (Month/Year)</i>	<i>Date Passing Exam (Month/Year)</i>
_____	_____	_____	_____
_____	_____	_____	_____
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 Approved Date: _____

Council Approved Date: _____

Note:

- 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.
- 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.

updated on Jan 2022