

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. Corresponding Address

6. Alternative Address (optional)

7. Email address _____

8. Mobile phone number _____

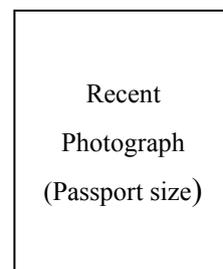
9. Present Appointment Post Paediatric resident trainee
 Other, specify _____

Department _____

Starting date _____

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

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



11. 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*

12. 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

13. 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.)*

14. 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

15. Approved By (for official use)

Membership Committee dated _____

Council dated _____

Note:

- a. Please return this application form together with relevant documents as stipulated on the Checklist for Application of Associateship 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. 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.
- c. Electronic copies are **not** accepted.