



香港社會醫學學院

**HONG KONG COLLEGE OF COMMUNITY MEDICINE**

Room 908, 9/F, HKAMJC Building  
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

## Application to be an Affiliate Fellow

I hereby apply for admission to the Hong Kong College of Community Medicine as an Affiliate Fellow. My particulars are as follows:

Name: (surname first) \_\_\_\_\_

Name in Chinese: (if applicable) \_\_\_\_\_ ID No. \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (dd/mm/yy)

Correspondence Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile/Pager)

Fax No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Academic Qualification:

<u>Qualification</u>	<u>Granting Authority</u>	<u>Year Obtained</u>
_____	_____	_____
_____	_____	_____
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Please return the completed form to Dr Jackie Leung, Hon Secretary  
c/o Secretariat, Hong Kong College of Community Medicine  
Room 908, 9/F, HKAMJC Building, 99 Wong Chuk Hang Road, Aberdeen, HK  
(Fax : 2580 7071)

**Working Experience:**

<u>Institution</u>	<u>Post</u>	<u>From</u>	<u>To</u>
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_____	_____	_____	_____

**Date of Passing Part I Examination :** \_\_\_\_\_ **(mm/yy)**

I declare that the particulars given in this application are true and accurate.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**The personal data collected in this application will be used solely for training/examination organized by the HKCCM.**