



Application for Trainee Registration

(Please read the Guidance Notes at the end of this form)

I hereby apply for registration as a *basic/higher specialist trainee in the *PHM/AM/OM Sub-specialty of the Hong Kong College of Community Medicine and agree to abide by the training and membership requirements as laid down by the College that may be amended from time to time. 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: _____

Basic Medical Qualification:

<u>Qualification</u>	<u>Granting Authority</u>	<u>Year Obtained</u>
_____	_____	_____

Other Qualifications:

<u>Qualification</u>	<u>Granting Authority</u>	<u>Year Obtained</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Delete as appropriate*

Please return the completed form to Dr Mandy Ho, Hon Secretary
c/o Secretariat, Hong Kong College of Community Medicine
Room 908, 9/F, HKAMJC Building, 99 Wong Chuk Hang Road, Aberdeen, HK

Working Experience :

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

Date of examination(s) attempted and result(s)

	<u>Date</u>	<u>(Pass/Fail)</u>
(A) Part I - HK exam	_____	_____
	_____	_____
UK exam (<i>Applicable to PHM only</i>)	_____	_____
	_____	_____
(B) Part II	_____	_____
	_____	_____
	_____	_____

Your trainer would be informed of your contact details (correspondence address, telephone, fax, email) and all matters related to your training (including your examination results) unless you explicitly indicate otherwise in writing to the College (to be attached to this form). Please specify your preferred means of communication with your trainer if you do not wish to release your contact details.

I declare that the particulars given in this application are true and accurate.
 I attach a crossed cheque of \$_____ payable to the Hong Kong College of Community Medicine.

Signature : _____ Date : _____

Please note that the information provided will be used solely for the purposes of processing your application and to facilitate training and examinations in the future. In accordance with the Personal Data (Privacy) Ordinance, you have the right to request access to or correction of personal data provided on this form.

<p><u>For Official Use</u></p> <p>Trainer assigned :</p> <p>Training period:</p>

Guidance Notes

1. All trainees, i.e. basic and higher specialist trainees, **must** register with the College.
2. The registration is valid for 3 years only.
3. The annual training fee payable is given in the table below. If the training period is 6 months or shorter, the fee payable is half of the annual fee, otherwise the full annual fee should be paid.

	Member	Non-member
Basic Trainee	\$600	\$2,000
Higher Specialist Trainee	\$1,000	\$4,000