

Professional Training and Appointments

(in chronological order, including current appointment):

Hospital/Institutions	Departments	Positions	From/To (d/m/y)	F/P [^]	Duration Accredited for Training	
					Basic	Higher

[^] Please indicate *F*(full time) / *P* (part time) as appropriate.

Please tick box, sign and date.

- I confirm I have sent my completed training logbook to the Censor of the Subspecialty Board.
- I attach a crossed cheque of \$10,000 made payable to the “Hong Kong College of Community Medicine”.

I declare that the above information is true and accurate.

Signature: _____ Date: _____

Please note that the information provided will be used solely for the purpose of processing your application. 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.

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

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