



## Professional Training and Appointments

(in chronological order, including current appointment):

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

<sup>^</sup> Please indicate F(full time) / P (part time) as appropriate.

I apply to sit for the Part II Fellowship Examination in \_\_\_\_\_ / \_\_\_\_\_ as advertised by the College.  
(m) (y)

Please tick box, sign and date.

I attach a crossed cheque of \$ \_\_\_\_\_ 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.