

香港社會醫學學院





Incorporated with limited liability

Application for Part II Written / Clinical* Fellowship Examination in the Subspecialty of Occupational and Environmental Medicine

Please complete in block letters and black ink

Name:(Surname)			(Given Name)		(Other Name)			
Name in Chinese: Date of Birth: dd					* Male / Female			
				ID No(
Correspondence A								
			No.:E-mail Address:					
Basic Medical Qualification: Qualification			Granting Authority		Date Obtained (d/m/y)			
Other Qualificati								
Qualificati	on (by exam)		Granting Auth	ority	Date Obtained (d/m/y)			
Basic (Part I)								
Others								
Previous attempt(s	s) at Part II Fe	llowship Exa	mination *	Yes / No				
If Yes, please spec	eify date (d/m/	(y)	//					
(*Delete as appro	priate)							

Professional Training and Appointments

(in chronological order, including current appointment):

TT '4 1/T 4'4 4'	Departments	Positions	From/To <i>(d/m/y)</i>	F/P^	Duration Accredited for						
Hospital/Institutions					Basic	ning Higher					
					Dasic	Trigiler					
^ Please indicate F(full time)	/ P (part time) a	s appropriate.									
I apply to sit for the Part II	Fellowshin Fx:	amination in	/	as adv	ertised by th	e College					
rapply to sit for the rait if	1 enowship Lx		(m) (y)	as aa i	crused by th	e conege.					
Please tick box, sign and da	ie.										
☐ 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		г)ate:								
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.