



Application for Registration as a Trainer

**Please delete what does not apply*

I hereby apply for registration as a trainer in the ***PHM / AM / OEM** Sub-specialty of the Hong Kong College of Community Medicine and agree to abide by the requirements laid down by the College. My particulars are as follows:

Full Name: _____
(as per Identity Document) Surname First Name

Name in Chinese: (if applicable) _____ ID No. _____

Sex: _____ Date of Birth: _____ (dd/mm/yy)

Correspondence Address: _____

Tel. No.: _____ (Office) _____ (Mobile)

Fax No.: _____ E-mail Address: _____

MCHK Number: _____

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Working Experience *(including current experience):*

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

If space is insufficient, please attach an appendix page.

Other Experiences:

Publications:

Your trainee would be informed of your contact details (telephone and email) 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 trainee if you do not wish to release your contact details.

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

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.