



# The Hong Kong College of Psychiatrists Ltd.

## 香港精神科醫學院

Website: <http://www.hkpsych.org.hk/>

E-mail address: [hkpsych@hkam.org.hk](mailto:hkpsych@hkam.org.hk)

### Trainee Registration & \*\*\*Membership/Inceptorship Application Form

(Please print or BLOCK)

Full Name : \_\_\_\_\_ ( \_\_\_\_\_ )  
Please underline Surname Chinese

Sex : \_\_\_ Date of Birth : \_\_\_\_\_ HKID/Passport No.\* : \_\_\_\_\_

Present Appointment : \_\_\_\_\_

Office Address : \_\_\_\_\_

Tel. No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_ Pager/Mobile No. : \_\_\_\_\_

Home Address : \_\_\_\_\_

Tel. No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_ Pager/Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Name of Medical School & Year of Graduation \* : \_\_\_\_\_

Basic Medical Qualification(s) (with date(s)) \* : \_\_\_\_\_

Date of Registration with the Medical Council of Hong Kong \* : \_\_\_\_\_

Date being appointed as trainee : JUNIOR : \_\_\_\_\_ SENIOR : \_\_\_\_\_

Please list **ALL** accredited supervised training experience in Psychiatry : (use separate sheet if necessary)

Date		Training Scheme/Unit/Hospital	Subspecialty/ Post	F/P <sup>a</sup> Time	Tutor/ Consultant
From	To				

<sup>a</sup> Full/Part Time. For part-time, please state percentage of time.

Recognized Higher Qualification(s) :

Qualification	Issuing Authority	Date Obtained		Official Use only
		Exam Date	Diploma Date	

I hereby declare that all information provided herein are true to the best of my knowledge.

I hereby apply to be registered as a trainee and be admitted as a \*\*\*Member/Inceptor of the College. I undertake, if I am admitted, to observe the Memorandum & Articles of Association and By-laws of the College and endeavour to further the honour and ideals of the College.

\*\*Enclosed please find a cheque of HK\$1,500.00 payable to 'The Hong Kong College of Psychiatrists Limited' for the Annual Subscription Fee.

\_\_\_\_\_  
Signature of Applicant

Date : \_\_\_\_\_

\* Please enclose certified true copies of the documents 1. HKID card; 2. Appointment letter; 3. MBBS/MBChB diploma; 4. MCHK registration certificate (Not the annual practising certificate) with the application. Certification of document authenticity can be done by a notary public or your tutor/trainer and should include the wording: "I have seen the original of this document and I certify this to be a true copy of the original document."

\*\* Please send the completed form together with a crossed cheque by post to The Hong Kong College of Psychiatrists, Rm 906, 9/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Rd, Aberdeen, H.K.

\*\*\* Delete where appropriate

### **Trainer and Tutor's Recommendation**

Dr. \_\_\_\_\_ has been working under my supervision since \_\_\_\_\_ and to my best understanding, \*\*\*he/she is of good moral character and conduct and is a fit and proper person to be registered with The Hong Kong College of Psychiatrists as a psychiatric trainee.

\_\_\_\_\_  
Date: \_\_\_\_\_

▲ Trainer:

The training experience of Dr. \_\_\_\_\_ as stated in this form is valid and \*\*\*his/her application for trainee status to the College of Psychiatrists is supported.

\_\_\_\_\_  
Date: \_\_\_\_\_

▲ Tutor:

▲ If the trainer and the tutor is the same person, he/she should complete both the trainer's and tutor's section.

\*\*\* Delete where appropriate

### **Application for Membership/Inceptorship**

The application for \*\*\*Membership/Inceptorship from Dr. \_\_\_\_\_ is supported.

\_\_\_\_\_  
#Proposer: \_\_\_\_\_ #Seconder: \_\_\_\_\_  
Date : \_\_\_\_\_ Date : \_\_\_\_\_

# The proposer and seconder must be Fellows of The Hong Kong College of Psychiatrists

\*\*\* Delete where appropriate

**Official Use:**

- Annual Subscription Fee of HK\$1,500.00 by cheque (No. \_\_\_\_\_ Bank \_\_\_\_\_ ) received on \_\_\_\_\_
- Registration/Application Form verified and data entry completed on \_\_\_\_\_
- Letter of registration sent to trainee on \_\_\_\_\_
- Log-book sent to trainee on \_\_\_\_\_
- Copy of application forwarded to Fellowship Selection Committee on \_\_\_\_\_

**Notice to Data Subject Regarding Personal Data Disclosed to  
The Hong Kong College of Psychiatrists Ltd.**

The personal data provided by you will be accessible only to those persons who are directly involved in the operation of the College. They are required to observe the rule of confidentiality under the *Personal Data (Privacy) Ordinance* and other relevant ordinances. Personal data are only disclosed when the College Council authorizes such disclosure. You have right of access to and correction of personal data held on you by the College. Your right of access includes the right to obtain a copy of your personal data which may subject to payment of a fee as prescribed by the College Council.