**APPLICATION FORM FOR AFFILIATE MEMBERSHIP**

*(Ver. 2 Dec 2024)*

**PERSONAL PARTICULARS: (\* Items are Mandatory)**

Name in English\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*Official name appears on the identification document – Surname first, Block letters, please)*

Name in Chinese: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I.D. Card/Passport/Identification document (*Please specify*) No.\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please circle)*

Date of Birth\*: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

 DD MM YYYY

Correspondence Address\* (Home/Work - *please circle*):

English (Mandatory): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chinese: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone No.\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work/Home)

*(Please circle)*

Email Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work/Home)

*(The email will be recorded as your main contact address with the College. (Please circle)*

*It will also be used for creating your HKCFP membership portfolio and eLearning account, etc. (if applicable))*

Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Name of organization)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Address)*

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESSIONAL QUALIFICATIONS AND DATES OBTAINED:**

|  |  |  |
| --- | --- | --- |
| Qualification | Date Obtained | Granting Authority |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CURRENT APPOINTMENTS:**

|  |  |
| --- | --- |
| Appointment | Institution/Practice |
|  |  |
|  |  |
|  |  |

**PARTICULARS OF ACADEMIC ACHIEVEMENTS:** (if any)

Research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Publications, including theses and prize essays: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experience in teaching: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship and prizes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICULARS OF MEMBERSHIP OF MEDICAL OR RELATED ORGANIZATIONS:**

|  |  |
| --- | --- |
| Type of Membership | Organization |
|  |  |
|  |  |
|  |  |

I declare that I am not registered with the Hong Kong Medical Council; and I desire to become an Affiliate Member of the Hong Kong College of Family Physicians and I hereby given an undertaking that, on admission to the Hong Kong College of Family Physicians, I will:-

1. uphold and promote to the best of my ability the aims and objectives of the College; and
2. observe the provisions of the Articles of Association and such Regulations and Bye-laws of the College as may from time to time be in force.

I hereby enclose a cheque for the following payment of Entrance Fee and Annual Subscription:

<Please 🗹 as appropriate>

|  |  |  |
| --- | --- | --- |
| **Entrance Fee** | HK$390.00 | ⬜ |
| **Annual Subscription for Year 2025** |  |  |
| (Normal Rate) | HK$730.00 | ⬜ |
| (For the newly-joined applications received between 1st July and 31st December 2025^) | HK$365.00 | ⬜ |

^ according to postal mark

**I hereby grant consent to the Hong Kong College of Family Physicians (HKCFP) for the use, retention, storage, and disclosure of my personal data for all academic and administrative purposes, in accordance with HKCFP’s Personal Data (Privacy) Policy** [**https://www.hkcfp.org.hk/privacy\_policy.html**](https://www.hkcfp.org.hk/privacy_policy.html)**.**

**I am obligated to formally report my disciplinary issue (if any) to the HKCFP in writing via email at** **membership@hkcfp.org.hk** **or by fax at 2866 0616 within one month of receiving the final judgment.**

**I support the HKCFP “Go Green” initiative by accessing Family Physicians Links (FP Links) in eFormat from HKCFP’s website at** [**http://www.hkcfp.org.hk/fplinks\_40.html**](http://www.hkcfp.org.hk/fplinks_40.html)**.**

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

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following to be completed by a Full Member/Fellow of the College and who knows the above named personally and believes him/her to be a suitable person to be elected an Affiliate Member of the Hong Kong College of Family Physicians.

Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Member I.D.) \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Surname first, Block letters please)*

*Please return this form to:*

*The Hon. Secretary, The Hong Kong College of Family Physicians, Rm803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong with the followings:*

<Please 🗹 as appropriate>

 ⬜ *2 passport size photos*

 ⬜ *a cheque for your entrance fee and annual subscription payable to “****The Hong Kong College of Family***

 ***Physicians****” which will be returned in case of unsuccessful application*

*Note:*

*Apart from the membership application form, please* ***DO NOT*** *send any original certificates/ documents to the College Secretariat and these originals would not be kept in our record.*

**For Office Use Only**

Received: -

Entrance Fee HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Annual Subscription HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the year\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Recommended / Not recommended by Membership Committee

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

Membership Committee

Approved by the Council on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**The Hong Kong College of Family Physicians Personal Data (Privacy) Policy**

*(Ver. 19 May 2017)*

The **Personal Data (Privacy) Ordinance** 個人資料(私隱)條例 contains provisions dealing with the purpose and manner of collection of personal data; accuracy and duration of retention of personal data; use of personal data; security of personal data; and access to personal data.

This statement sets out the College’s policies relating to the collection and use of personal data in accordance with the Personal Data (Privacy) Ordinance.

1. **Your personal data is important to us**

The College recognizes that your privacy is important. We know that providing personal data is an act of trust and we take that seriously. The College is committed to protecting the privacy of our individual members. All practicable steps will be taken to ensure that your personal data are protected against unauthorized or accidental access, processing or erasure.

1. **Collecting personal data about you**

If you are a College member, we collect personal data about you in order to provide you with the full benefits of Membership. We collect information from you directly when you become a member and also from time to time thereafter when you provide us additional information.

1. **Using and disclosing your personal data**

Your personal data will be used solely for purposes relating to functions and activities conducted by the various Boards and Committees of our College. Without your consent, the College will not disclose any information to third parties, unless:

* + we are authorized by law.
	+ we believe it (is) necessary to provide you with a service that you have requested.
	+ we act to implement our terms of use.
	+ we act to protect the rights or property of the College, any College user, or any member of the public.
	+ we act for the purpose of prevention or detection of crime.
	+ we act to prevent or lessen a serious harm to a person’s health or safety.
1. **Storage and security of your personal information**

Once you are a member, we maintain a record of the status of your membership and a history of your transactions with the College. For those who have ceased their membership with our College, their data will be removed from our active databank. A certain portion of information may be retained in our main data bank if we anticipate their potential use in the near future.

The College will endeavor to take all reasonable steps to keep secure any personal data which we hold, process, circulate and transmit, and keep this data accurate and up to date. Your information is stored on secure servers and protected in controlled facilities. Guidelines from the Boards and Committees are provided to their members, and instructions given to our secretariat staff, regarding personal data security control. In addition, the contractors who provide services related to our information systems are obliged to respect the confidentiality of any personal information held by the College. However, the College will not be held responsible for events arising from unauthorized access to your personal information. Please notify us immediately if there is any suspected event of unauthorized use of your personal data or breach of security.

1. **Information access and correction**

Subject to exemptions under the Personal Data (Privacy) Ordinance, you have the right of access and correction of your personal data. Request should be addressed in writing to our College Secretariat. We will respond to your request within 40 days. A nominal fee may be charged to cover the administrative cost.

1. **Promotional Mail**

For your benefits we may send you on occasion promotional information about the College or other related information. If you do not wish to receive this information any longer, you may ask us to remove your name from our list by writing to us. Please allow 2 weeks for this request to be processed.

The College will notify you in case of future change of its privacy policy. Should you have further queries or any difficulties, please contact us. For more information on the Personal Data (Privacy) Ordinance, please visit the website of the Office of the Privacy Commissioner for Personal Data at <http://www.pcpd.org.hk/>.