

APPLICATION FOR ADMISSION TO THE
ONE YEAR PART-TIME PROGRAMME
DIPLOMA IN FAMILY MEDICINE 2009– 2010

Note: The information collected in the application form are for admission and course-related purposes. It will be processed by the course secretary and the selection committee. Once the application is accepted, the information will be retained as student records. Anonymous statistical analysis of applicant profiles may be conducted from time to time.

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|--|----------------------|----------------------|----------------------|----------------------|----|----|----|--|-------|
| <p>1a. Surname in English <input type="text"/></p> <p>1b. Given Name in English <input type="text"/></p> <p>1c. Name in Chinese <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 Date of Birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td style="text-align: center;">dd</td><td style="text-align: center;">mm</td><td colspan="2" style="text-align: center;">yy</td></tr></table></p> <p>3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>4. H.K. ID. Card Number <input type="text"/> ()</p> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | dd | mm | yy | | Photo |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| dd | mm | yy | | | | | | | |

5. Address (**Residential**)

6. Tel. No.

7. Fax

8. Mobile

9. E-mail

10. Tertiary or Professional Education and Qualification with Dates (**Attach photocopies of certificates**)

Total number of years after internship: _____

11. Current Employer's name and/or Practice Address (**Private / Public / Solo / Group**)

12. Tel.

13. Fax.

14. Relevant Previous Employment (**including internship and residency details**)

15. Experience in General Practice (**with dates**)

Total Number of Years in General Practice _____

16. Past 2 years CME record

HKCFP Postgraduate QA Certificate 2006 Yes / No
2007 Yes / No

Other CME activities _____Number of Hour(s)

(Please attach details)

17. Rank your preference for each of the following learning methods from 1-8:

1 = most preferred; 8 = least preferred

a) reading ____ b) group discussion ____ c) role play ____ d) research ____
e) lectures ____ f) class presentation ____ g) case discussion ____ h) visits by classmates ____

18(a). Do you have access to a computer

- No
 Yes, as Word Processor only
 Yes, with Word Processor and Internet

18(b). If Yes for (a), indicate which programme(s) you can use:

- English Word Processor Chinese Word Processor
 Excel Powerpoint E-mail
 Web Surfing / Medline search _____ Others _____
-

19. English Proficiency: **1 = strongly agree 2 = agree 3 = disagree 4 = strongly disagree**

I have no problem in using English for the following: **(Please circle)**

a) reading journal papers 1 2 3 4
b) writing reports & assignments 1 2 3 4
c) listening to lectures 1 2 3 4
d) discussion in class 1 2 3 4

20. In what way(s) do you hope to benefit from the course? **(Answer in 100 words in English)**

Date

Signature

A completed application form must be submitted to "Diploma Programme in Family Medicine, School of Public Health, The Chinese University of Hong Kong, 4/F., School of Public Health, Prince of Wales Hospital, Shatin, N.T., Hong Kong together with the following **before 30 June, 2009:**

1. Photocopies of certificates of academic / professional qualifications, original documents must not be sent.
2. A recent passport size photo of the applicant.
3. An application fee of HK\$180.00 by crossed cheque or money order payable to "The Chinese University of Hong Kong". The application fee is not refundable.