香港社會醫學學院
HONG KONG COLLEGE OF COMMUNITY MEDICINE
founder College of the Hong Kong Academy of Medicine
Incorporated with limited liability

Application Form
Part I MFPH Examination of Faculty of Public Health (UK)
to be held at
Hong Kong Examination Venue

Please complete in block letters and black ink

Name: _____ _____ _____
(Surname) (Given Name) (Other Name)

Name in Chinese: | | | | | Sex: * Male / Female

Date of Birth: _____ / _____ / _____ ID No. _____ ( )
dd *mm* *yy*

Correspondence Address: _____

_____

Contact Tel. No.: _____ Fax No.: _____ E-mail Address: _____

I apply to sit for the UK MFPH Part I examination in _____ / _____ to be held at Hong Kong venue.
(m) *(y)*

Please tick box, sign and date.

☐ * I attach a copy of the application for UK MFPH Part I membership examination.

☐ I attach a crossed cheque of $2,000 made payable to the "Hong Kong College of Community Medicine".

I declare that the above information is true and accurate.

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 Dr Mandy Ho, Hon Secretary
c/o Rm908, 9/F, HKAMJC Bldg., 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.