



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 Ronald Lam, Hon Secretary
 c/o Secretariat, Hong Kong College of Community Medicine
 Room 908, 9/F, HKAMJC Building, 99 Wong Chuk Hang Road, Hong Kong.**