Application Form for Membership

Personal Details

Family Name:		
First Names:		
Title:	Gender Male / Female	Date of Birth: (D/M/Y)
Nationality:	Country of Permanent Residence:	Passport No.
Home Address : ……………………………………………………………………………………. …………………………………………………………………………………….		
Telephone No. : (Office) …………………… (Home)……………………. (Mobile)……………… Fax Number : …………….…..		
E-mail Address:		

Professional Employment History

Are you currently : In Private Practice Yes/ No

Non-Practicing Yes/ No

If employed please provide the following information as applicable:

Current Employment History

Name of Employer:	
Address of Company: ………………………………………………………………………………. ……………………………………………………………………………….	
Work Contact Telephone No.: ……………………………	Job Title: ………………………………….…
Start Date of Employment: ……………………………………………..	

Professional Education and Training Information

Please Note: Only information on tertiary level qualifications or above is required

First Qualification

Title of Professional Qualification:	
Name of Institution:	
Full Address of Institution where qualifications were obtained: …………………………………………………………………………………….. ……………………………………………………………………………………..	
Date of Commencement: (D/M/Y) …….. / …….. / …………	Date of Completion: (D/M/Y) …….. / …….. / …………

Second Qualification

Title of Professional Qualification:	
Name of Institution:	
Full Address of Institution where qualifications were obtained: …………………………………………………………………………………….. ……………………………………………………………………………………..	
Date of Commencement: (D/M/Y) …….. / …….. / …………	Date of Completion: (D/M/Y) ……….. / ……… / …………

Third Qualification

Title of Professional Qualification:	
Name of Institution:	
Full Address of Institution where qualifications were obtained: …………………………………………………………………………………….. ……………………………………………………………………………………..	
Date of Commencement: (D/M/Y) …….. / …….. / …………	Date of Completion: (D/M/Y) ……….. / ……… / …………

∗ If more room is required please attach separate sheet

Professional Registration / Licensure

Name and Country where First Registration was obtained:
Date of First Registration: (D/M/Y)
Name and Country of your Most Recent or Current Registration:
Date of Current Registration: (D/M/Y) FROM: TO:
Other Professional Certification or Qualification: (please include date obtained) i) ____ ii) ____
Have you ever had your registration / license refused or withdrawn? Please circle Yes / No (if yes, please give details below) …………………………………………………………………………………………….. ……………………………………………………………………………………………..
As a Podiatrist – In relation to your work, has any action past or present been made against you which could lead to disciplinary action? Please circle Yes / No (if yes, please give details below) …………………………………………………………………………………………….. ……………………………………………………………………………………………..
Have you ever been convicted of a criminal offence in Hong Kong or elsewhere? Please circle Yes / No (if yes, please give details below) …………………………………………………………………………………………….. ……………………………………………………………………………………………..

Referee

Name and Title of Referee:
Contact Telephone Phone No. of the Referee:
Email address of the Referee:
Contact address of the Referee: ………………………………………………………………………………………….. …………………………………………………………………………………………..

Documentation Check List:-

1. Please submit photocopies of the following documentation :
   a. Degree / diploma / certification
   b. Current registration for license to practice

2. Terms and Membership Fees
   a. The term for IPAHK annual membership is from the 1st January to the 31st December of each year
   b. Current membership fee is HKD $600/year
   c. Please make cheque payable to
      "**The International Podiatrists Association of Hong Kong**"
   d. Please post completed form and documents to
      Secretariat
      International Podiatrists Association of Hong Kong
      P. O. Box 70965
      Kowloon Central Post Office
      Kowloon, Hong Kong SAR

Declaration

I declare that the information I have supplied in this form and the documents enclosed are complete and correct.

Signature: ______________________________ Date: ____________________

Printed Name: ______________________________

Last updated in Jan 2016