

Application Form for Dual Track Appointment

PART I – TO BE COMPLETED BY APPLICANT

Personal Particulars

Name : _____ Current Rank : _____
Cluster / Hospital : _____ Department : _____
Office Tel : _____ Mobile : _____
Email Address : _____
FHKAM Specialist Qualification & Year of Attainment: _____
Sub-specialty: _____

Professional Qualifications*

Qualifications	Awarding Institutions	Dates obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Relevant Qualifications*

Qualifications	Dates obtained
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* Please use extra sheets if necessary

PART II – ENDORSEMENT BY CHIEF OF SERVICE/HEAD OF DEPARTMENT

I support the application submitted by the applicant to apply for the dual track appointment.

Additional Comments (if any):

Name: _____

Signature: _____

Date: _____

Department: _____

PART III – ENDORSEMENT BY HOSPITAL CHIEF EXECUTIVE (HCE)

I endorse the above application and support the nomination of the applicant to apply for the dual track appointment.

Name: _____

Signature: _____

Date: _____

PART IV – ENDORSEMENT BY CLUSTER CHIEF EXECUTIVE (CCE)

I endorse the above application and support the nomination of the applicant to apply for the dual track appointment.

Name: _____

Signature: _____

Date: _____