



Hong Kong Institution of Physicists in Medicine  
香港醫學物理學院

**Application for Educational and Training Course**

(Please write clearly, using black ink and capital letters)

**Personal and Contact Details** (Please '√' as appropriate)

Membership Number: \_\_\_\_\_ (  HKIPM /  HKART /  HKRA /  N/A)

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Working Institution: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Details of Course**

Course Title: \_\_\_\_\_

Date of Course: \_\_\_\_\_

**Declaration**

I declare that all the information given by me in this application are true and correct to the best of my knowledge. I authorize HKIPM to verify my membership provided.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Remarks: The class size is 40 people (on first-come-first -serve basis)

**Official Use ONLY** (Please '√' as appropriate)

Date of application received: \_\_\_\_\_

Application fee received:  Yes  No

Application status:  Approved  Declined

Certificate Issued:  Completion  Attendance  N/A

Date of Certificate Issued: \_\_\_\_\_

Remarks: