



HKSHM MEMBERSHIP COMMITTEE

APPLICATION FOR MEMBERSHIP

Please indicate category of membership:

Full Member

Affiliate Member

BASIC INFORMATION

(Please as appropriate)

Name Mr/Ms _____ (_____)
Surname first *in Chinese*

Hospital/Institution _____ Profession _____

Correspondence Address _____

Contact Tel _____ Email _____
see Note 1

LANGUAGE ABILITY

(Please as appropriate to indicate ability to mediate in any language(s))

Cantonese

English

Mandarin

Others (Please specify _____)

EDUCATION SUMMARY

<u>Qualification/Degree</u>	<u>Professional Body/University</u>	<u>Year Obtained</u>

BRIEF EMPLOYMENT HISTORY

<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Position</u>

For Official Use:

Cash Cheque (# _____ Bank _____)



MEMBERSHIP CATEGORIES

(Applicant could only apply for one category of membership per application)

Applicants who apply for “Full Membership” should fill out this part

(Please all two boxes)

- I am an Accredited Mediator in Hong Kong or else with the relevant official authorities;

AND

- I am currently serving, or previously have served, a fulltime position relevant to healthcare practice.

Kindly be reminded that only applicants who fulfill ALL 2 criteria above are eligible to apply for “Full Membership”.

Applicants who apply for “Affiliate Membership” should fill out this part

(Please the box below)

- I am currently serving, or previously have served, a fulltime position relevant to healthcare practice.

Kindly be reminded that only applicants who fulfill the criterion above are eligible to apply for “Affiliate Membership”.



WEB LISTING

(Please as appropriate)

Upon successful application and payment of necessary fees, members are entitled to be included on HKSHM website listing.

1. Would you like your name to be listed on the website? YES NO
2. Would you like your profession to be listed on the website? YES NO
3. Would you like your telephone number to be listed on the website? YES NO
4. Would you like your email address to be listed on the website? YES NO

PERSONAL DATA (PRIVACY) ORDINANCE NOTICE

Persons who supply data in their application to the HONG KONG SOCIETY FOR HEALTHCARE MEDIATION (“HKSHM”) are advised to note the following points pursuant to the Personal Data (Privacy) Ordinance.

1. Personal data provided in this application form will be used solely for the purpose of assessment for membership application, and in this connection the data herein will be dealt with by the HKSHM staff and/or by the HKSHM Membership Committee members.
2. After an application for membership has been duly processed, the application papers of the candidates will be retained in a file established by the HKSHM for each applicant. Such information will be retained by HKSHM for as long as it deems necessary or useful.
3. Under the provisions of the Personal Data (Privacy) Ordinance, an applicant has the right to request access to, and the correction of, his/her personal data as retained by the HKSHM. Applicants wishing to access or make corrections to their data should submit written requests to the Secretariat of HKSHM. A fee may be charged towards administrative expenses in complying with access requests.



DECLARATION

1. I have read and agreed to the Personal Data (Privacy) Ordinance Notice.
2. I authorize the HKSHM, its staff, employees and/or members of the HKSHM Membership Committee to deal with, utilize and/or assess the data submitted by me as may be required in connection with my application for membership.
3. I understand that my data will become a part of the HKSHM’s files and may be used for all purposes deemed necessary or useful by the HKSHM.
4. I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will disqualify my application and may lead to revocation of my membership should I be admitted. HKSHM Membership Committee also reserves the right to report the matter to my professional body/association.
5. Any information on this form may be made available by HKSHM to third parties for the purposes of mediator assessment or selection.
6. I have no previous criminal convictions for crimes of dishonesty, violence or misuse of drugs. I have no criminal cases pending against me. I undertake to inform HKSHM if I am charged with any criminal offences during the time that I am admitted to the HKSHM as a member.
7. I confirm that there are no disciplinary actions against me by any professional body.

Signature _____ **Date** _____

Name (in print) _____

Notes:

- 1 Your email address is your personal identifier for HKSHM to identify and communicate with you electronically.
- 2 Please fill in all sections in block letters where applicable. In case any section of the form is not applicable, please put in N/A.
- 3 Applicants are advised to provide all the information requested in the relevant sections, failing which the HKSHM Membership Committee may refuse to process his/her application.
- 4 This form must be attached with a payment covering the application fee (non-refundable) and the annual membership fee (per category) for inclusion into HKSHM’s membership. All fees must be paid in Hong Kong dollars, drawn on bank(s) in Hong Kong.



For Official Use - Receipt



Date _____

From _____

HK\$

Hong Kong Dollars _____

Purpose Application fee and Membership fee Signed _____

Cash Cheque # _____ (Name in PRINT: _____)