



**The Hong Kong College of Psychiatrists**  
**PART III EXAMINATION**  
Application for Project Approval

Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hospital / unit posted: \_\_\_\_\_ Position: \_\_\_\_\_

Date of appointment as senior trainee: \_\_\_\_\_

(Please enclose a copy of the appointment letter - certified true by trainer, tutor or solicitor)

Year intended to sit for the HKCPsych Part III examination: \_\_\_\_\_

Proposed title of the project: \_\_\_\_\_

\_\_\_\_\_  
(Please attach outline of the project using separate sheets)

Has the project been dismissed by the Board of Examiners for further attempts at the Part III examination?  
(Yes / No) \_\_\_\_\_

Has ethics approval obtained? (Yes / Pending / NA)\_\_\_\_ (Please enclose a certified true copy of the ethics approval if available. If pending ethics approval, please provide evidence that ethics application has been submitted, and certified true copy of ethics approval should then be submitted upon application for examination. Certified true copy of ethics approval should be enclosed in the dissertation on submission too)

Institution(s) where the project  
will be conducted:

Confirmation of feasibility and acceptance  
by head(s) of the institution(s):

\_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation of feasibility and endorsement by the project supervisor:

Name of supervisor: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of candidate: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Reply to application (for official use):

- [  ] Approved  
[  ] Not approved. See reasons in separate sheet.

Signed: \_\_\_\_\_ (Chairperson, Board of Examiners) Date: \_\_\_\_\_