



香港精神科醫學院

The Hong Kong College of Psychiatrists Ltd.

Website: <http://www.hkpsych.org.hk/>

Email: hkpsych@hkam.org.hk

Newsletter #1-2015

19 March 2015

Dear Fellows, Members, Inceptors and Affiliates,

I. Announcement from the Sponsorships Committee

The Sponsorships Committee is offering two College Fellows to attend the Annual Meeting of the American Psychiatric Association (<http://annualmeeting.psychiatry.org/>) to be held in Toronto, Canada from 16 to 20 May 2015. Each successful applicant will be offered, on refund basis, of up to HKD 27,000. Please apply based on the instructions below **on or before 31 March 2015**. The selection criteria will be in accordance with the scoring system posted on the College website:

http://www.hkpsych.org.hk/index.php?option=com_content&view=article&id=33&Itemid=331&lang=en

Interested Fellows should write to **Ms Sabrina Hung at The Hong Kong College of Psychiatrists, Room 906, 9/F, HK Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong or fax to (852) 2870-1391 or email at hkpsych_eo@hkam.org.hk**. Please state in your application: (1) when you were last sponsored by the College to attend conferences/meetings; (2) whether you are a Council Member/Chairman or member of a Standing Committee of the College; (3) your subspecialty (one only) or field of knowledge (one only) and whether you are serving in the private or public sector; (4) whether you are going to present a paper in that conference/meeting (documentation required). Applications with incomplete information will not be processed. **If you do not receive a reply (written or verbal) from the responsible coordinator by 7 April 2015, please contact Ms Sabrina Hung at (852) 2871-8770.**

II. Announcement from The Board of Examiners

External Examiner of the mid-year Part II Fellowship Examination

Professor Helen Killaspy from the UK will be the external examiner for the coming mid-year Part II Fellowship Examination in end of May and early June. Professor Helen Killaspy is Honorary Consultant in Rehabilitation Psychiatry at University College London Medical School and Camden and Islington NHS Foundation Trust, UK. She specialises in studies and trials of interventions for people with complex and longer term mental health problems.

III. Change in Contact Details and/or Status

Fellows, Members, Inceptors and Affiliates are reminded to inform the College for any change in correspondence address and/or status from time to time. The relevant form is enclosed with this newsletter.

Thank you for your attention.

Dr. WH CHEUNG
Honorary Secretary
The Hong Kong College of Psychiatrists



For Fellows, Members, Inceptors and Affiliates of HKCPsych Only

The Hong Kong College of Psychiatrists Ltd.

香 港 精 神 科 醫 學 院

Website: <http://www.hkcppsych.org.hk>

E-mail address: hkcppsych@hkam.org.hk

To: Secretariat Office
The Hong Kong College of Psychiatrists
Room 906, Hong Kong Academy of Medicine Jockey Club Building,
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
(Fax. No. (852) 2870-1391)

Notification of Change of Personal Particulars

Name (in block letters):	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr.	
	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
With effect from _____, please change my records as follows:		
New correspondence address:		
Room/Flat:	Floor:	Block:
Name of building/estate:		
No. and name of Street/Road:		
District:	Hong Kong / Kowloon / NT	
Postal code:		
Country:		
New correspondence contact numbers / e-mail address:		
Office telephone no.		
Facsimile No.:		
Mobile phone/pager:		
E-mail address:		
Change of status: (For Fellows Only if applicable)		
Current status:		
<input type="checkbox"/> Public sector (HA/University)	<input type="checkbox"/> Private sector	
<input type="checkbox"/> Retired	<input type="checkbox"/> Overseas	
New status:		
<input type="checkbox"/> Public sector (HA/University)	<input type="checkbox"/> Private sector	
<input type="checkbox"/> Retired	<input type="checkbox"/> Overseas	

Signature: _____

Contact telephone number: _____

Date: _____