



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

Name of Candidate: _____

Address: _____

_____ Telephone: _____ Fax: _____

Hospital/Unit posted: _____ Position: _____

Year passed HKCPsych Part II: _____

Year intended to sit for the HKCPsych Part III: _____

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) _____

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: _____