Hong Kong Academy of Medicine

List of Fellows who are interested in acting as Expert Witness (the List)

Reply Form

If you are interested in acting as Expert Witness, please complete and return this form to the Academy by fax (2505 5577) or by mail (10/F, HKA M Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong).

Part A: Information to be included in the List

Please fill in the boxes below. The information below (except contacts), will be printed on the List, which will be released to organisations or Government departments looking for expert witness upon request.

Full Name *(Please underline surname)*	
College	
Specialties *(The specialties indicated must be those for which you have been accredited by your College and the Academy)*	1. _____ 2. _____ 3. _____ Area of Special Interest (if any): 1. _____ 2. _____ 3. _____
Medical Degree (e.g. MBBS) obtained in:	Year: _____
Academy Fellowship obtained in:	Year: _____
Current Practice **Name of Organisation/Employer** *(Please tick one only)*	☐ CUHK ☐ Dept. of Health ☐ HKU ☐ Retired ☐ Hospital Authority (Hospital/Institution: _____) ☐ Private Hospital/Clinic (Name: _____) ☐ Others *(please specify)* _____
Relevant Courses Taken *(Please indicate the course you have taken, which are relevant to being Expert Witness. The information provided should include name of course, name of organiser and duration of course.)*	
Fees *(Please indicate the hourly fee you intend to charge for being expert witness. This information would be included in the List just for reference by organizations looking for an expert witness. The Academy would ask the organisation concerned to discuss with you directly about your fee.)*	My service fee: HK$ _____ per hour
Contacts *(Your contacts will not be printed on the List but will be released once an organisation has decided to approach you for assistance.)*	Tel. No. : _____ Email : _____ Fax No. : _____

Part B: Training Course

If you have never taken any course relating to being Expert Witness, please indicate if you would be interested in attending a course which would facilitate one to be Expert Witness. ❑Yes ❑No

Part C: Declaration

If my name is accepted for inclusion in the List, I agree to have my personal information as shown in Part A of this form printed on the List which may be released to the public.

Signature : _____ Date : _____

(*Dec 2019*)