

# Application for Individual Membership of the Hong Kong Radiation Protection Society

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Please complete **ALL** sections in **BLACK PRINT** or **TYPE** and return this Application Form to the Hong Kong Radiation Protection Society, c/o Radiation Protection Unit of Safety Office, Rm 402, James Lee Science Bldg., The University of Hong Kong, Pokfulam, Hong Kong.

## PART I PERSONAL DETAILS

Name : \_\_\_\_\_  
Surname Other names Chinese

Title : Prof. / Dr. / Mr. / Mrs. / Ms. / Miss \*      Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(day) (month) (year)

Membership Desired : Fellow / Full / Associate / Student \*

Employer : \_\_\_\_\_      Position/Rank : \_\_\_\_\_

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

Business Tel. : \_\_\_\_\_      Business Fax : \_\_\_\_\_

E-Mail : \_\_\_\_\_

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

Home Tel. : \_\_\_\_\_      Home Fax : \_\_\_\_\_

Preferred address for correspondence :  Business  Home (Please tick)

## PART II SPONSORS

(Applicants for Fellow or Full Membership must complete this part)

It is normally necessary for two Fellows or Full Members of the Society who know the Applicant personally to act as Sponsors. A letter of support from one of the Sponsors should accompany the Application. Sponsors are requested to complete and sign the sections below, and, in addition, one Sponsor should endorse the entries in **Part IV 'Radiation Protection Experience'** of this Application. Exceptionally for Applicants who have difficulty in getting the required Sponsorships, these requirements may be varied at the discretion of the Executive Committee.

### 1. First Sponsor

Name : \_\_\_\_\_  
Surname other name Chinese

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

Type of Membership of HKRPS : Fellow / Full / Associate / Student \*

Professional relationship to Applicant : \_\_\_\_\_

I endorse that the applicant has the following attributes (for application for Fellow or Full Memberships)

- |   | Please<br>initial        |
|---|--------------------------|
| (i) Basic Scientific understanding, including a knowledge of scientific method                                    | <input type="checkbox"/> |
| (ii) Numeracy   | <input type="checkbox"/> |
| (iii) Knowledge of radiation physics, biological effects of radiation and the principles of radiation protection. | <input type="checkbox"/> |
| (iv) The ability to communicate scientific knowledge in a written report or paper                                 | <input type="checkbox"/> |
| (v) The ability to apply effectively the knowledge and experience detailed in <b>Part IV</b>                      | <input type="checkbox"/> |
| (vi) Three years' experience in radiation protection in a professional capacity                                   | <input type="checkbox"/> |

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

## 2. Second Sponsor

Name : \_\_\_\_\_  
Surname other name Chinese

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

Type of Membership of HKRPS : Fellow / Full / Associate / Student \*

Professional relationship to Applicant : \_\_\_\_\_

I endorse that the applicant has the following attributes (for application for Fellow or Full Memberships)

- |  | Please initial           |
|--|--------------------------|
| (i) Basic Scientific understanding, including a knowledge of scientific method                                   | <input type="checkbox"/> |
| (ii) Numeracy  | <input type="checkbox"/> |
| (iii) Knowledge of radiation physics, biological effects of radiation and the principles of radiation protection | <input type="checkbox"/> |
| (iv) The ability to communicate scientific knowledge in a written report or paper                                | <input type="checkbox"/> |
| (v) The ability to apply effectively the knowledge and experience detailed in <b>Part IV</b>                     | <input type="checkbox"/> |
| (vi) Three years' experience in radiation protection in a professional capacity                                  | <input type="checkbox"/> |

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

## 3. Letter of Support

A letter from \_\_\_\_\_ is attached.

### **PART III ACADEMIC QUALIFICATIONS**

Please list your academic qualifications in chronological order, and attach a photocopy of the certificate of your **highest** relevant academic qualification

<b>Qualification</b>	<b>Date received</b>	<b>Institution</b>	<b>Major Subject</b>	<b>Certificate attached</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### **PART IV RADIATION PROTECTION EXPERIENCE**

Please list all your relevant training and experience on radiation protection

<b>Dates</b>	<b>Training or Experience</b>	<b>Sponsor's Initial</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **PART V PROFESSIONAL RECORD**

(Applicants seeking to become Fellows or Full Members must complete this part)

<b>Dates</b>	<b>Employment</b>	<b>Job description</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **PART VI OTHER RELEVANT INFORMATION**

(Please provide any additional information relevant to this Application, e.g. publications, papers presented, lectures given, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART VII AREA OF INTEREST

Please list the activities relating to radiation protection that you would like the society to organize.

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Are you interested in serving on any committees set up for the above activities ? (Please tick)

Yes

No

Considering

## PART VIII DECLARATION

I hereby apply to become a Fellow / Full / Associate / Student \* Member of the Hong Kong Radiation Protection Society. If admitted, I agree to be bound by, and shall comply with, the Articles and Memorandum of Association of the Society from time to time in force.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

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### For Office Use

Date Received	Membership Type	Fellow	Full	Associate	Student	Fee Received
Date Approved	Subscription Type	Annual	Life	Membership No.		