

**THE COLLEGE OF SURGEONS OF HONG KONG**  
**R E S T R I C T E D**

**Declaration Form for Examiners**

To : College President / Censor-in-chief (or relevant post)

Name of Examination: \_\_\_\_\_ Role(s) appointed: (e.g. Examiner)

Date / Time: \_\_\_\_\_ Venue: \_\_\_\_\_

(A) I declare that :

- (i) Except as listed in the table below, none of my immediate family members (i.e. spouse, children, parents, brothers and sisters) or any person residing in my home will be taking the said Examination.
- (ii) Except as listed below, I am not, to the best of my knowledge, aware that any relative outside my immediate family with whom I am in regular contact or any of my close friends will be taking the said Examination.

Full Name	Relationship	MCHK Number / Candidate Number etc. (if known)
1.		
2.		
3.		

(iii) I declare that if I become aware of any member of my immediate family or any person residing in my home, or any relative outside my immediate family with whom I am in regular contact or any of my close friends subsequently register to take the said Examination, except as detailed in the above table, I will inform the College in writing as soon as possible.

(B) I acknowledge the requirements for secrecy for serving as an Examiner (or a relevant role stated in this form) and I understand that disclosure or leakage of confidential examination materials including but not limited to the examination questions, contents or marking schemes is prohibited, and which may lead to necessary disciplinary actions as determined by the College Council. The requirements for secrecy should be strictly observed at all times during the appointment for the said Examination.

(C) I also understand that I should avoid, wherever possible, involvement in any activities that may carry actual or perceived conflict of interest during my term of appointment as an Examiner, and I will observe the Clause (B) stated above at all times if such activities would be conducted.

I hereby declare that the information given above is accurate and complete.

\_\_\_\_\_  
Full Name of Declarant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date