

To : **HKSS Professional Affairs Committee and Referees**

CONFIDENTIAL

The Hong Kong Statistical Society Examination Office,
c/o HKU School of Professional and Continuing Education,
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HONG KONG STATISTICAL SOCIETY

APPLICATION FOR CertStat :

SURNAME and TITLE	FORENAMES
DATE OF BIRTH	NATIONALITY
ADDRESS FOR CORRESPONDENCE	
TELEPHONE (day) :	
FAX :	
E-MAIL :	

DECLARATION

I, the undersigned, certify that all the details submitted in this application for CertStat are correct. In the event of my election, I undertake to observe and be bound by the bye-laws and rules for the time being in force, to abide by the Code of Conduct and to pay all subscriptions as they become due.

Signed:

Date:

ACADEMIC QUALIFICATIONS

SECTION A (This section applies only to applicants who have taken any of the examinations of the Society, the Royal Statistical Society or the Institute of Statisticians; other applicants should proceed to Section B)

	(Tick appropriate box)			Special subject where applicable	YEAR
	PASSED	FAILED	EXEMPT		
Preliminary					
Ordinary Cert.					
Stage I					
Higher Cert.					
Stage II					
Stage III					
Unit X					
Unit Y					
Unit Z					
Graduate Dip.					

ACADEMIC QUALIFICATIONS (continued)

SECTION B Full details of any degree with a substantial statistics content. Include title of degree, level of award achieved, awarding institution, year awarded and **all** the courses/options taken. State also whether full-time (F), part-time (P) or sandwich (S).

If you are submitting more than one degree for consideration, you will probably find it necessary to copy this page and submit details of each degree on a separate page.

Degree	Awarding institution	Year awarded	Courses/options taken	F/P/S

For the degree(s) you are submitting for consideration, please give the name and address of the awarding institution, the student reference number (if known) and your name at the time of award. We will be approaching the institution for confirmation of qualifications.

Name of institution:	
Address:	
Student reference number:	Your name at the time (if different from now):
Name of institution:	
Address:	
Student reference number:	Your name at the time (if different from now):
Name of institution:	
Address:	
Student reference number:	Your name at the time (if different from now):

PRACTICAL STATISTICAL EXPERIENCE

SURNAME:	FORENAMES:
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Please note : there is a continuation space at the end of this form, if required.

1. WORK EXPERIENCE

1.1 Present job

Title:

Date started:

Employer's name:

Address:

Please describe the nature of your current job, the statistical work involved (with specific reference to the six work tasks referred to on page 5) and whether this has changed over time. Please give the number and type of staff working for you (if any), and the position of the person to whom you report. Please also state whether you work full-time or part-time. If part-time, please state number of days per week (or, if relevant, contract hours for courses taught).

1.2 What statistical techniques do you use in your present work (please give details), and how frequently?*

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*Please categorise as 'frequent' (3+ times per year), 'infrequent' (1-2 times a year) or 'occasional' (less than once a year).

WORK EXPERIENCE (continued)

1.3 Previous posts

Please describe the previous posts you have held, during the last ten years, which involved statistical work. Give similar details as for 1.1 above. State whether full-time or part-time. If part-time, state either number of days per week or contract hours for courses taught.

1.4 If you have held your present post for less than 3 years, please give similar details as for 1.2 for the statistical techniques you used in your previous post(s), with frequency of use:

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2. TIME SPENT ON STATISTICAL WORK

What proportion of your total working time is spent on the **statistical** aspects of the work tasks listed in the next section (please tick the appropriate box)?

	10% or less	11%-25%	26%-50%	over 50%
(a) Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Over the past three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. WORK TASKS AND LEVEL OF STATISTICAL RESPONSIBILITY

Level of statistical responsibility (please tick):

	Sole	Major	Minor	None	Task not relevant
(a) Definition of objectives for a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Selection of data to be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Choice of analysis methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Responsibility for calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Presentation and interpretation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Monitoring follow-up actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. ADDITIONAL CONSIDERATIONS

Are there any other relevant considerations which you think the Committee should take into account in considering your practical experience? (For example : papers or other publications; other statistical activities in which you have been involved; etc.)

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5. REFEREES

At least two referees must be given. The referees between them must be able to cover the whole of the relevant period(s) of experience. Each referee must be familiar with the applicant’s practical statistical work and be willing to answer the Society’s confidential questions relating to the application. If possible, **all referees should be statisticians** and at least one should be in a position of seniority.

Referee for present post

Name of referee (BLOCK LETTERS).....

Relationship to applicant.....

Period of experience to be covered by referee.....

Address (BLOCK LETTERS).....

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Referees for previous periods (or, second referee for present post)

Name of referee (BLOCK LETTERS).....

Relationship to applicant.....

Period of experience to be covered by referee.....

Address (BLOCK LETTERS).....

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Name of referee (BLOCK LETTERS).....

Relationship to applicant.....

Period of experience to be covered by referee.....

Address (BLOCK LETTERS).....

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If you have changed your name, please make clear by which name the referee knows you.

CONTINUATION SPACE (Please indicate clearly to which question(s) this refers).....

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PLEASE ENSURE THAT YOU HAVE COMPLETED THE DECLARATION ON PAGE 1