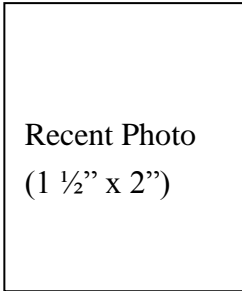


**H. M. LUI MEMORIAL FUND  
FELLOWSHIP APPLICATION FORM**

**Part 1. Nominee's particulars**



Name: \_\_\_\_\_  
(Block letters)                      (*Surname*)                                      (*Given Names*)

Chinese Name: \_\_\_\_\_

HK ID Card No: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Rank/Post: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Part II. Curriculum Vitae**

1. Academic record and Professional Qualifications:

<u>Universities attended/ Postgraduate Examining Body</u>	<u>Period/Date</u>	<u>Degrees/ Diplomas Awarded</u>	<u>Distinctions/ Honours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____









**Part V. Declaration of Nominee**

“I, the undersigned, hereby declare that all information given or attached is true, accurate and complete and authorize the Board of Trustees of H. M. Lui Memorial Fund to verify and to communicate the above information with whatever sources they may choose.”

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Part VI. To be filled in by Head of Department** (attach separate sheets if required)

Please indicate briefly the needs for such training in your department, any related project or service development that the hospital has already approved, and any service plan required for the trainee to undertake upon completion of training.

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

\* \* \* \* \*

**Note**

- (1) The personal data provided by means of this form will be used by H. M. Lui Memorial Fund c/o Hong Kong College of Paediatricians, solely for the purpose of processing applications for the H. M. Lui Memorial Fund Fellowship programme.
- (2) Please return the application form, in original, duly completed, together with supporting documents (certified true copies of the relevant diplomas and certificates, letter of acceptance for attachment/training course programmes where applicable) **on or before 31 March 2012** to:-

Chairman, Board of Trustees,  
H. M. Lui Memorial Fund,  
c/o Hong Kong College of Paediatricians,  
Room 801, Hong Kong Academy of Medicine Jockey Club Building,  
99 Wong Chuk Hang Road,  
Aberdeen, Hong Kong.

Tel: (852) 2871 8871    Fax: (852) 2785 1850

- (3) Confidential Statements of the two referees may be sent either with the completed application form or separately to the Chairman, Board of Trustees, H. M. Lui Memorial Fund, under confidential cover, and should reach the H. M. Lui Memorial Fund c/o Hong Kong College of Paediatricians 's office not later than two weeks after deadline.

# **H. M. LUI MEMORIAL FUND FELLOWSHIP**

## **FORM OF PROPOSAL**

1. I, \_\_\_\_\_ wish to nominate  
(Proposer's name)  
\_\_\_\_\_ for the H. M. Lui Fellowship  
(Name of Applicant)

**Award to be offered by the H. M. Lui Memorial Fund c/o Hong Kong College of Paediatricians.**

2. **Report by the Proposer :**

- (i) Academic merits:
- (ii) Character and leadership potential:
- (iii) Personal initiative and resourcefulness:
- (iv) General remarks:

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

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

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Hospital: \_\_\_\_\_