

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

Part 1. Nominee's particulars

Name: _____
(Block letters) (*Surname*) (*Given Names*)

Chinese Name: _____

Sex: _____ Age: _____ Nationality: _____

Date of Birth: _____ Place of Birth: _____

Years of Residence in Country of Work : _____

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Recent Photo
(1 ½" x 2")

2. Present and Previous Appointments:

<u>Period</u>	<u>Position</u>	<u>Institution/Practice</u>	<u>Employer</u>
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3. Publications:

4. Proficiency in English: YES / NO

CET/TOEFL/SAT/IELTS/Other Tests:

Dates: _____

Results: _____

5. Research or projects completed and in progress:

6. Previous training records: courses/conferences attended: local & overseas indicating dates and sponsorship:

7. Details of past and present Extra-curricular activities and community services with positions held:

8. Previous scholarships/fellowships obtained, with dates and sponsorships:

Part III. Particulars of Proposed Training (attach supplementary sheets, if necessary)

1. Training objectives:

2. Outline of Proposed Training Programme:

Field of study: _____

Proposed duration: _____ months (from: _____ to: _____)

3. Names and Addresses of Institution/University/Course/Programme Proposed for Training:
(Please attach a copy of letter of acceptance/course details, if available)

4. Details of Training Programme:

5. Future Career/Action Plans after Completion of Training Programme:

6. Please state whether you are applying for any other fellowship or similar awards. If so, kindly specify their source, nature and result.

Part IV. Referees

Names and Addresses of Two Referees:

(i)

(ii)

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 HM 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: _____

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Note

- (1) The personal data provided by means of this form will be used by HM Lui Memorial Fund c/o Hong Kong College of Paediatricians, solely for the purpose of processing applications for the HM 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 May 2024 OR 30 November 2024** to:-

Professor WANG Jian-She
Center for Pediatric Liver Diseases
Children's Hospital of Fudan University (National Children's Medical Center)
399 Wanyuan Road
Shanghai 200012
China

Professor WANG Jian-She
Email: jshwang@shmu.edu.cn

Dr ABUDUXIKUER Kuerbanjiang
Email: k_abuduxikuer@fudan.edu

**When all three offers of HM Lui Memorial Fund 2024-2025 are given during the first application selection (i.e. 31 May 2024), application will be closed for this year. Please refer to the updated announcement from the College's website.*

- (3) Confidential Statements of the two referees may be sent either with the completed application form or separately to Center for Pediatric Liver Diseases, Children's Hospital of Fudan University (National Children's Medical Center) by the referees under confidential cover to reach Professor WANG Jian-She'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) Proficiency of English:
- (v) General remarks:

Date: _____

Signature: _____

Designation: _____

Department: _____

Hospital: _____