

**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>
_____	_____	_____	_____
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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:

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

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

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

1. Training objectives:

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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)

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4. Details of Training Programme:

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

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

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**Part IV. Referees**

Names and Addresses of Two Referees:

(i) 

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(ii) 

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**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 2018** to:-

Chairman, Board of Trustees  
HM 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 8773      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, HM Lui Memorial Fund, under confidential cover, and should reach the HM Lui Memorial Fund c/o Hong Kong College of Paediatricians 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: \_\_\_\_\_