H.M. LUI MEMORIAL FUND
FELLOWSHIP APPLICATION FORM

Recent Photo
(1 ½" x 2")

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:

Universities attended/ Postgraduate Examining Body	Period/Date	Degrees/ Diplomas Awarded	Distinctions/ Honours

2. Present and Previous Appointments:

Period	Position	Institution/Practice	Employer

3. Publications:

4. Proficiency in English: YES / NO

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 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 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 9 April 2020** 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.

HM Lui Memorial Fund Fellowship

FORM OF PROPOSAL

1. I, _____ wish to nominate

(Proposer's name)

_____ for the HM Lui Fellowship

(Name of Applicant)

Award to be offered by the HM 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: _____