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**Department of Surgery**

**The University of Hong Kong**

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| **Application Form for G. B. Ong Fellowship Program** |

*Please list all required data. Incomplete form will not be processed.*

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| * **Personal Particulars** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title:** | | | | | | Click to type | | | | | | | | | | | **Gender:** | | **Male**  **Female** | | | | | |
| **First Name:** | | | | | | Click to type | | | | | | | | | | | **Last Name:** | | Click to type | | | | | |
| **Chinese Name (*if applicable*):** | | | | | | | | | | | Click to type | | | | | | **Nationality:** | | Click to type | | | | | |
| **Hospital:** | | | | | | Click to type | | | | | | | | | | | | | | | | | | |
| **Department/ Unit:** | | | | | | Click to type | | | | | | | | | | | | | | | | | | |
| **Current Position:** | | | | | | Click to type | | | | | | | | | | | | | | | | | | |
| **Address (Office):** | | | | | | Click to type | | | | | | | | | | | | | | | | | | |
| **Address (Home):** | | | | | | Click to type | | | | | | | | | | | | | | | | | | |
| **Tel: (Office)** | | | | | | Click to type | | | | | | | | | | | **Mobile:** | | Click to type | | | | | |
| **Fax (Office)** | | | | | | Click to type | | | | | | | | | | | **Email:** | | Click to type | | | | | |
| * **Educational Background** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Year of Graduation:** | | | | | | | ***Please specify*** *(i.e. mmmyyyy)* **:** | | | | | | | | | | | Click to type | | | | | | |
| **In Medical Practice since:** | | | | | | | ***Please specify*** *(i.e. mmmyyyy)* **:** | | | | | | | | | | | Click to type | | | | | | |
| **Details of post-graduate training (*in descending order*)**  *\*Post-graduate training includes but not limited to: Residency training, Internship, Fellowship training, PhD, etc.* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Form/Name of training: | | | | | | | | | | Click to type | | | | | | | | | | | | | |
| Name of hospital or institution: | | | | | | | | | | | | | | | Click to type | | | | | | | | |
| Duration: | | | | Please specify month & year | | | | | | | | | | | | Name of a referee: | | | | Click to type | | | |
|  | Form/Name of training: | | | | | | | | | Click to type | | | | | | | | | | | | | | |
| Name of hospital or institution: | | | | | | | | | | | | | Click to type | | | | | | | | | | |
| Duration: | | Please specify month & year | | | | | | | | | | | | | | Name of a referee: | | | | | Click to type | | |
|  | Form/Name of training: | | | | | | | | | Click to type | | | | | | | | | | | | | | |
| Name of hospital or institution: | | | | | | | | | | | | | | Click to type | | | | | | | | | |
| Duration: | Please specify month & year | | | | | | | | | | | | | | | Name of a referee: | | | | | | | Click to type |
|  | Form/Name of training: | | | | | | | Click to type | | | | | | | | | | | | | | | | |
| Name of hospital or institution: | | | | | | | | | | | | Click to type | | | | | | | | | | | |
| Duration: | | | Plesae specify month & year | | | | | | | | | | | | | Name of a referee: | | | | | | Click to type | |
|  | Form/Name of training: | | | | | | | | Click to type | | | | | | | | | | | | | | | |
| Name of hospital or institution: | | | | | | | | | | | Click to type | | | | | | | | | | | | |
| Duration: | Please specify month & year | | | | | | | | | | | | | | | Name of a referee: | | | Click to type | | | | |

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| * **Postgraduate Awards & Scholarships** | | |
|  | *i.e. Young Investigator Award (June 2013)* | |
| Click to type | |
| * **Experience in Teaching *(Please Specify post, name of hospital/institution, duration and job description)*** | | |
|  | Click to type | |
|  | **No. of Publications *(Please include in your CV a list of your publications with details, if any)*** | |
|  | Click to type | |
|  | **Interested Field of Training** | * **Preferred Period of Visit** |
|  | Breast Surgery  Cardiothoracic Surgery  Colorectal Surgery  Endocrine Surgery  Esophageal and Upper Gastrointestinal Surgery  Head & Neck / Plastic & Reconstructive Surgery  Hepatobiliary & Pancreatic Surgery and Liver Transplantation  Neurosurgery  Otorhinolaryngology  Paediatric Surgery  Urology  Vascular Surgery | Please specify: |
| Click to type |
| Must complete the fellowship before:  Click to type  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |

**Please send this completed application form, together with a curriculum vitae and reference support, to** [**srgvisit@hku.hk**](mailto:srgvisit@hku.hk)**.**

**Declaration**

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| 1. | I declare all information provided in this application form and the attached documents (if any) are, to the best of my knowledge, accurate and complete. I will be able to provide proof of experience or qualifications upon request. | | | |
| 2. | I consent that if enrol in the Course, I will follow to the Rules and Regulations of the Centre | | | |
| Signature: | | Click to sign | Date: | Click to type |