



**Department of Surgery
The University of Hong Kong**

Application Form for G. B. Ong Fellowship Program

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

Personal Particulars

Title: _____ **Gender:** **Male** **Female**

First Name: _____ **Last Name:** _____

Chinese Name (if applicable): _____ **Nationality:** _____

Hospital: _____

Department/ Unit: _____

Current Position: _____

Address (Office): _____

Address (Home): _____

Tel: (Office) _____ **Mobile:** _____

Fax (Office) _____ **Email:** _____

Educational Background

Year of Graduation: *Please specify (i.e. mmmyyyy) :* _____

In Medical Practice since: *Please specify (i.e. mmmyyyy) :* _____

Details of post-graduate training (in descending order)

**Post-graduate training includes but is not limited to: Residency training, Internship, Fellowship training, PhD, etc.*

1. Form/Name of training: _____
 Name of hospital or institution: _____
 Duration: _____ Name of a referee: _____
2. Form/Name of training: _____
 Name of hospital or institution: _____
 Duration: _____ Name of a referee: _____
3. Form/Name of training: _____
 Name of hospital or institution: _____
 Duration: _____ Name of a referee: _____
4. Form/Name of training: _____
 Name of hospital or institution: _____
 Duration: _____ Name of a referee: _____
5. Form/Name of training: _____
 Name of hospital or institution: _____
 Duration: _____ Name of a referee: _____

 **Postgraduate Awards & Scholarships**

i.e. Young Investigator Award (June 2013)

 **Experience in Teaching** *(Please Specify post, name of hospital/institution, duration and job description)*

 **No. of Publications** *(Please include in your CV a list of your publications with details, if any)*

 **Interested Field of Training**

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

 **Preferred Period of Visit**

Please specify:

Must complete the fellowship
before:

Please send this completed application form, together with a curriculum vitae and reference support, to srgvisit@hku.hk.

Declaration

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
2. I consent that if enrol in the Course, I will follow to the Rules and Regulations of the Centre

Signature: _____

Date: _____