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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**
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|  | *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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Please send this completed application form, together with a curriculum vitae and reference support, to** **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 |