The Chinese University of Hong Kong
Department of Orthopaedics & Traumatology
Prince of Wales Hospital

(This application form should be sent with a recent photograph of the applicant and all the relevant documents to Orthopaedic Learning Centre, 1st Floor, Li Ka Shing Specialist Clinics North Wing, Prince of Wales Hospital, Shatin, Hong Kong, S.A.R., CHINA.) / TEL: (852) 3505 3074 / EMAIL: krystalfan@cuhk.edu.hk)

Application Form of Visiting Scholar (Clinical Fellow or Research Fellow) / Scholarship for Visiting Scholar

Photo

Name: _____ Chinese: _____
*Mr./Mrs./Ms./Miss/Dr./Professor Last Name (Surname) First Name

Gender:* M ☐ / F ☐ Date of Birth: YYYY ☐ / MM ☐ / DD ☐ Citizenship: _____

Hospital/Institution: _____

_____

_____

Telephone: (Country code) (Office) ( ) _____ (Residential) ( ) _____
(Mobile) ( ) _____ (Pager) ( ) _____

Fax: (Country code) (Office) ( ) _____ (Residential) ( ) _____

Email Address: _____

Current Position: _____

Correspondence address: _____

_____

Training Program Applied: Clinical ☐ / Laboratory Research ☐ / Combined ☐

Specialty Area of Interest: _____

Intended Date & Duration of Training: _____

Name and Address of two referees: *(one of whom should be your current supervisor, reference letters should be attached)*

1. _____
Name Position, Department, Hospital/Institution

2. _____
Name Position, Department, Hospital/Institution

Do you wish to apply for scholarship of the Department? Yes ☐ / No ☐

Supporting documents are to be included (See Notes) _____

Checklist

The following documents should also accompany this application form and should be uploaded in the format of PDF or DOC format.

	Y / N	Score *
1. Plan of the Study *(see below suggested format)*		
◆ More details should be provided for research projects	☐ ☐	☐
2. Curriculum vitae *(see below suggested format)*		
◆ Including a copy of English proficiency test result *(such as university entrance examination grade in English, TOEFL scores, or public examination results.)*	☐ ☐	
◆ Include abstracts of the 2 best published papers/conference presentations.	☐ ☐	
◆ Copy of Certificates *(degree, master, etc.)*	☐ ☐	
3. Official proof of current position *(from Department Chairman or Hospital administrator)*	☐ ☐	
4. Two letters of references	☐ ☐	☐

Clinical / Research-related Project Proposal

1. Title	☐ ☐	
2. Objectives	☐ ☐	
3. Background information (300 words)	☐ ☐	
4. Methodology	☐ ☐	
5. Expected conclusion	☐ ☐	
6. List of references	☐ ☐	

Curriculum Vitae

1. Name	☐ ☐	
2. Age & Date of Birth	☐ ☐	☐
3. Medical School	☐ ☐	
4. Year of Graduation & Degree	☐ ☐	
5. Additional Qualifications (Full titles with Year)	☐ ☐	
6. Awards (international/local)/Prizes/Scholarships (with year)	☐ ☐	☐
7. Past training & main supervisor for each period (In chronological order)	☐ ☐	
8. Years of working experiences	☐ ☐	☐
9. Present and past working experiences (In chronological order, institution, nature of institution and job title)	☐ ☐	☐
10. Overseas training experiences (with year)	☐ ☐	
11. Overseas trips or meetings attended (with year)	☐ ☐	
12. Clinical/Laboratory Research experience (In chronological order, project name, role in the project: PI/CO)	☐ ☐	☐
13. English proficiency tests and score (with year and copy)	☐ ☐	
14. Papers published in journals (with year, state 1st author/correspondence author and copy)	☐ ☐	☐
15. Papers presented at meetings (Include abstracts of 2 best published paper / conference presentation)	☐ ☐	☐

* *Score to be graded by Selection Sub-committee.*