

Application form
HKCA Education Sponsorship Scheme

To : HKCA
Room 807, Hong Kong Academy of Medicine Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Email : office@hkca.edu.hk

Important Notes:

1. This application form should be completed and returned together with the *curriculum vitae* and a *recommendation letter (optional)*
2. The selection panel has final decision on the approval of the Education Sponsorship and the amount of sponsorship involved

Part I Applicant's Personal Particulars & Employment Records

[To be completed in BLOCK LETTERS]

Name: _____ Post Title: _____

Cluster / Hospital: _____ Department: _____

Office Tel: _____ Mobile (optional): _____

Email Address: _____

Specialist Qualification(s) & Year of Attainment: _____

Are you currently applying other sponsorship (For example Hospital Authority, University and others?) _____

Part II Proposed Study Plan

Proposed period of training:

From (mm-yyyy): _____ To (mm-yyyy): _____ Duration (in months): _____

(Please provide tentative date if available, otherwise, just leave it blank)

Proposed Hospital / Institution for training / attachment:

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