



香港社會醫學學院

HONG KONG COLLEGE OF COMMUNITY MEDICINE

Room 908, 9/F, HKAMJC Building

99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Application for Training / Research Scholarship Hong Kong College of Community Medicine

I would like to apply for the Hong Kong College of Community Medicine Training / Research Scholarship. My particulars are as follows:

Name: (surname first) _____

Name in Chinese: (if applicable) _____ ID No. _____

Sex: _____ Date of Birth: _____ (dd/mm/yy)

Correspondence Address: _____

Tel. No.: _____ (Office) _____ (Mobile/Pager)

Fax No.: _____ E-mail Address: _____

Membership Status: _____
(if applicable) *Honorary Fellow / Fellow / Associate Fellow / Affiliate Fellow/
Associate Member / Affiliate Member / Others:

Traineeship Status: _____
(if applicable) *Higher Specialist Trainee / Basic Specialist Trainee

College: (if applicable) _____

Specialty: (if applicable) _____

* Please delete as appropriate

Scholarship applied for:

(1) Attending training (please specify details of training course / seminars / conference etc)

Programme:

Date / Duration:

Organiser:

Venue:

Purpose:

Anticipated benefits, other details:

(2) Conducting research (please specify details of research project, including purpose, objectives and expected outcome.)

Title:

Date / Duration:

Objective:

Expected outcome of research:

Anticipated benefits, other details:
