**THE UNIVERSITY OF HONG KONG**

**LKS FACULTY OF MEDICINE**

**Application for Part-time Employment**

1. **Candidature Information**

**Surname:** e.g. Chan **First Name:** e.g. Tai Man

**University No.:** Click or tap here to enter text. **Registration Department/School:** Dept of …

**Degree:** Choose an item. **If Joint-PhD, Partner University:** Click or tap here to enter text.

**Registration Date:**  Click or tap to enter a date. **End Date of Study Period:** Click or tap to enter a date.

1. **Employment Detail**

**Job Title:** e.g. Research Assistant **Mode:** Choose an item.

**Employer (1):** Click or tap here to enter text.

**Employment Period:** Start Date:Click or tap to enter a date.End Date:Click or tap to enter a date.

**Total Hours:** Click or tap here to enter text. **Hourly Rate:** Click or tap here to enter text.

**Hours of employment already approved for the current 12-month period (2)**: Click or tap here to enter text.

**Job Description (in no more than 200 words):** e.g. Data collection at a clinic.

**Justification for the Employment:** e.g. This job involves working with the data required for my project.

**Justification of Late Request (If the effective date is less than three months from your date of request):** Click or tap here to enter text.

*Note: (1) Application for part-time employment must be accompanied by supporting document from your employer e.g. a letter of appointment; (2) The maximum number of part-time employment hours is 150 hours per 12-month period counting from the registration date (or its anniversary).*

1. **Student Signature**

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| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dr/Prof Dept of … |
| Date: | Click or tap to enter a date. |

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| 1. **Primary Supervisor Endorsement**   I support this application and confirm that the work undertaken is relevant and beneficial to the research project of the candidate’s research degree.   |  |  | | --- | --- | | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dr/Prof Staff Name, Dept of … | | Date: | Click or tap to enter a date. | |  |  | | | |
| 1. **DRPC Chairperson/DRPA Endorsement**   I support this application.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dr/Prof Staff Name, Dept of … | | Date: | Click or tap to enter a date. | |  | | | |