M.6/621 (amended)

THE UNIVERSITY OF HONG KONG

LI KA SHING FACULTY OF MEDICINE

**Recommendation Form for Research Postgraduate Student Exchange**

**(Incoming Students)**

*[The completed form should be endorsed by the Departmental Chairperson/Director/Head of the Department/School and returned to Ms Amy Leung (email:* [*leung922@hku.hk*](mailto:leung922@hku.hk)*) of the Faculty Office* ***at least 3 months prior*** *to the commencement of the programme.]*

*Please read the Personal Information Collection Statement annexed herein before completing this form.*

**Section A – to be completed by the incoming student**

**1) HKU Supervisor(s)**

|  |  |
| --- | --- |
| Primary Supervisor: |  |
| Department/School: |  |
| Co-supervisor(s) (if any): |  |
| Department/School: |  |

**2) Personal Particulars of Incoming Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Name in English *(surname first)*: |  | | |
| Nationality and Passport No.: |  | | |
| Mobile No.: |  | Email Address: |  |
| Correspondence Address: |  | | |
| Title of Degree of your Current Study: |  | | |
| Home Institution and Address: |  | | |
| Year of Study: |  | | |
| Expected Date of Completion of Study: |  | | |
| Field of Study: |  | | |
| Name and Position of Supervisor at Home Institution  *(Please attached his/her CV)*: |  | | |

**3) Proposed Exchange Study at HKU**

|  |  |
| --- | --- |
| Programme of study at HKU: | |
| Department/School at HKU: | |
| Proposed duration of exchange study at HKU *(the commencement date should be the first day of any calendar month)*: | |
| From: |  |
| To: |  |

**4) Research Plan**

1. Field of collaborative research project
2. Objectives and expected outcomes of the proposed research project
3. New expertise/skill you will bring back to your home institution after the programme
4. Please provide a detailed research plan during the exchange period and explain the relevance to your current research *(please use additional sheets if necessary)*

**5) Supporting Documents**

I attach the following documents in support of my application: *(please tick as appropriate)*

Transcripts, diplomas, certificates and other submitted documents which are not in English should be accompanied by a certified translation in English. Certified translation may be provided by your home institution.

|  |  |
| --- | --- |
|  | True / certified copies of transcripts |
|  | True / certified copies of Degree Certificates |
|  | TOEFL / IELTS \* official score report (*\* please delete as appropriate)*  (Please refer to [[Admission Requirement | HKU Graduate School](https://gradsch.hku.hk/prospective_students/application/admission_requirement)](https://www.gradsch.hku.hk/gradsch/web/apply/guide1920/5-1.html) for details) |
|  | Copy of the Personal Information Page of your passport (one page only) |
|  | Curriculum Vitae of incoming student |
|  | Curriculum Vitae of supervisor at home institution |
|  | Letter of confirmation of the proposed exchange from the home institution |

**Declaration**

|  |
| --- |
| I understand that any false, inaccurate or misleading declaration will disqualify my application. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  | Name: |  |  | Signature: |  |

**Section B – Recommendation from HKU Supervisor**

Please give details of new knowledge/expertise that the applicant is expected to bring to your Department/School or the University as a whole after the proposed exchange.

|  |  |
| --- | --- |
| Signature: |  |
| Name of HKU Primary Supervisor: |  |
| Date: |  |

**Section C – Endorsement by Supervisor of Home Institution**

Please attach a letter of confirmation of the proposed exchange from the home institution.

|  |  |
| --- | --- |
| Signature: |  |
| Name of Supervisor at Home Institution: |  |
| Date: |  |

**Section D – Endorsement by Departmental Chairperson/Director/Head of Department/School at HKU**

Comments (if any):

|  |  |
| --- | --- |
| Signature: |  |
| Name of  HKU Departmental Chairperson/Director/Head: |  |
| Date: |  |

**Personal Information Collection Statement for** **the application for**

**Research Postgraduate Student Exchange (Incoming Students)**

This statement is to inform you about the purposes and management of collection of your personal data by the LKS Faculty of Medicine, The University of Hong Kong (“the Faculty”), in respect of the Research Postgraduate Student Exchange Scheme (“the Scheme”). Please read this statement BEFORE you provide any personal data in this form.

1. Purposes of Collection

A. We shall collect from you:

(i) your name for the purpose of identification; and

(ii) your telephone number and email for the purpose of communicating with you.

Please note that it is mandatory for you to provide the aforesaid personal data to us. In the event that you do not provide such personal data, we may not be able to process your application.

1. We shall also collect information regarding your affiliating department, programme of study, academic track, research competency and strength for the following purposes:

* collating statistical information relating to you to assist the Faculty in management and administrative functions;
* assessing your suitability and verifying your eligibility for the Fellowship;
* handling matters relating to the administration of the Fellowship; and
* promoting the Faculty’s grants, scholarships, fellowships, awards, and other programmes and schemes on publicly accessible platforms.

Please note that it is mandatory for you to provide the aforesaid personal data to us. In the event that you do not provide such personal data, we may not be able to process your application.

When you provide such personal data to us, please make sure that the data is accurate and complete. If you do not provide us with the information required or if the information provided is inaccurate or incomplete, our ability to process your application appropriately may be affected.

1. Classes of Transferees

The Faculty is administering the Scheme on behalf of The University of Hong Kong. Your personal data provided to the Faculty may be transferred to the third-party organizations concerned for the aforesaid purposes.

We may provide your personal data to any government departments or appropriate statutory authorities by the virtue of law. Unless with your prior consent, the Faculty will not disclose such information to any person for any purposes other than the purposes stated above or a directly related purpose.

1. Access to and Change of Personal Data

Under the provisions of the Ordinance, you have the right to request the Faculty to ascertain whether it holds your personal data, to request it to supply to you a copy of the data, and to apply for correction of the data, as necessary. Applications for access to personal data should be made by using the specified form and on payment of a fee.

1. Security measures

The Faculty will take such steps as appropriate to ensure the security of your personal data held by us. This will include password protection and other electronic security technology as well as physical security methods. Personal data, whether stored in electronic form on computers or in hard-copy form, will be accessible only by authorised employees or appropriate party(ies) of the Faculty.

1. Enquiries

Enquiries including access to and change of personal data are to be addressed to:

Research Team

LKS Faculty of Medicine, the University of Hong Kong

Telephone: (852) 3917-9175 / E-mail: [resmed.enq@hku.hk](mailto:resmed.enq@hku.hk)

1. Privacy Policy Statement

The Privacy Policy Statement (PPS) of the University is kept under regular review and can be accessed at the following web address: [www.hku.hk/about/policies\_reports/privacy\_policy.html](http://www.hku.hk/about/policies_reports/privacy_policy.html)

Jun 2021

Amended Feb 2022

Amended Oct 2022