# HKUMed Research Fellowship Scheme for Clinical Academics

# Application Form

*Responses must be no less than 10pt font.
Please read the Personal Information Collection Statement annexed herein before completing this form.*

**Personal Particulars**

|  |  |
| --- | --- |
| Name: |  |
| Department/School: |  |
| Position: |  | Tenure-track: [ ]  Yes [ ]  No |
| Email: |  |
| Contact number: |  |
| Specialist training completed: |  |

**Details of the Research**

|  |  |
| --- | --- |
| Research Area: |  |
| Research Title: |  |
| Proposed Period of Fellowship: |  | Duration:  |

**Proposed Budget:**

Research:

|  |  |  |
| --- | --- | --- |
| **Item**  | **Amount Requested (HK$)** | **Detailed description on the usage of amount requested**  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
| **Total\*** |  |  |

*\* Maximum of HK$1,000,000.*

Overseas training/research activities (if any):

|  |  |  |
| --- | --- | --- |
| **Item**  | **Amount Requested (HK$)** | **Details** |
| **Trip 1:**  |
| Round-trip airfare |  |  |
| Subsistence allowance# |  |  |
| **Trip 2 (for Fellowship periods over 6 months only):** |
| Round-trip airfare |  |  |
| Subsistence allowance# |  |  |
| **Total^** |  |  |

*# Subsistence allowance is capped at the daily rates stipulated by the University of Hong Kong. Please refer to the* [*Finance and Enterprises Office Intranet*](https://intraweb.hku.hk/reserved_2/finance/index.html?v=1690273370998) *for details.*

*^ For budgeting purposes only. Reimbursement is based on actual costs.*

Please attach the following documents in support of your application:

1. A research proposal (up to five A4 pages in length) including objectives; work plan and deliverables; overseas training/research activities plan (if any); scientific merits and impacts of the research project.
2. A brief curriculum vita (up to 5 pages)
3. A recommendation letter from the Chairperson/Head/Director of Department/School.

**Declaration**

|  |
| --- |
|[ ]  I understand that I will be required to repay the whole or part of the Fellowship funding if I leave the University during the period of the Fellowship or within three years of the conclusion of the Fellowship. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Signature: |  |
|  |  |  |  | Applicant |

# Personal Information Collection Statement for application of the HKUMed Research Fellowship Scheme for Clinical Academics

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

1. Purposes of Collection
	1. We shall collect from you:
2. your name for the purpose of identification; and
3. 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 process your application.

* 1. We shall also collect information regarding your affiliating department, position, academic track, specialist training completed, research competency and strength for the following purposes:
* collating statistical information relating to you to assist the School and Faculty in management and administrative functions;
* assessing your suitability and verifying your eligibility for the Scheme;
* handling matters relating to the administration of the Scheme;
* making arrangements with departments/schools/centres/units under or associated with the School and Faculty for placement; and
* promoting the School and 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

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 School and 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 School and 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 School and Faculty will take such steps as are 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 School and Faculty.

1. Enquiries

Enquiries regarding 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

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)

October 2023