

THE UNIVERSITY OF HONG KONG
LKS FACULTY OF MEDICINE

Nomination Form

for Appointments of Adjunct Clinical Professoriates under Dual Track Appointment

To: Faculty Secretary

I would like to recommend that the following be offered an adjunct appointment in the [School/Department] for the period ^[note 1] [start date] to [end date].

| | | | |
|--|--|---|---|
| Appointment Type | <input type="checkbox"/> New appointment <input type="checkbox"/> Re-appointment | | |
| Recommended Title | <input type="checkbox"/> Adjunct Clinical Assistant Professor | <input type="checkbox"/> Adjunct Clinical Associate Professor | <input type="checkbox"/> Adjunct Clinical Professor |
| Details of Nominee | | | |
| Surname | | Given Name | |
| Professional Qualifications | Qualifications | Awarding bodies | Years obtained |
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| MCHK Registration No. | e.g., M01234 | | |
| FHKAM Specialist Qualification & Year of Attainment | e.g., FHKAM(Surgery) 1993 | | |
| Current Rank at Hospital Authority | | | |
| Department | | | |
| Hospital | | | |
| Correspondence Address | | | |
| E-mail Address | | | |
| Details of Nominee's Dual Track Appointment at Hospital Authority (HA) | | | |
| Recommended HA Dual Track Appointment Period ^[note 2] | From: | Recommended Proportion of Work (%) in the School/Department vs in HA | |
| | To: | | |
| Justifications for the Appointment (Please provide specific information on major duties of the nominee in School/Department) | | | |
| <input type="checkbox"/> Teaching | - please specify the detailed programme/course to be taught, approximate number of total teaching hours per year, etc. | | |

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|--|--|
| <input type="checkbox"/> Research | - <i>please specify name(s) of research collaborator(s) and collaborative research project title(s) during the appointment period etc.</i> |
| <input type="checkbox"/> Knowledge Exchange and Services | - <i>please describe any planned initiatives in knowledge exchange activities</i> |
| <input type="checkbox"/> Clinical Services | - <i>please indicate approximate number of clinical service sessions per week and other relevant information</i> |
| <input type="checkbox"/> Others (if any) | - <i>please indicate (as appropriate)</i> |
| Is the nominee currently holding any honorary appointment within the School/Department? | <input type="checkbox"/> Yes Honorary Title (if any): <i>e.g., Honorary Clinical Associate Professor</i> |
| | <input type="checkbox"/> No |

Signature of Director/Head/Department Chairperson: _____

Name: _____

Date: _____

Submission Checklist

For submission and enquiries, please contact Faculty HR (team B) [medadjunct@hku.hk]. The following supporting documents, together with the completed form should be submitted 6 weeks before the proposed start date of the appointment:

- 1) ☐ Nominee's CV
- 2) ☐ Copies of qualification certificates
- 3) ☐ A copy of exact working schedule
- 4) ☐ A copy of HA's supplementary letter of agreement
- 5) ☐ Signed declaration form (M.72/325)

Note:

1. The end date of the recommended adjunct appointment should not extend beyond the end date of the nominee's Dual Track Appointment under Hospital Authority.
2. In the event of termination or expiration of the nominee's Dual Track Appointment with Hospital Authority, the School/Department should notify Faculty HR for any necessary actions. Upon the cessation of nominee's Dual Track Appointment, the adjunct appointment held by the nominee within the Faculty shall be terminated automatically.