# Clinical Research Fellowship Scheme

# Application Form

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

**PART I – TO BE COMPLETED BY THE APPLICANT**

**Personal Particulars**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Hospital: |  | | | | | |
| Department: |  | | | | | |
| Email: |  | | | | | |
| Contact number: |  | | | | | |
| Specialty: |  | | | | | |
| Current appointment: | Position: |  | | Contract Expiry Date: | |  |
|  | Status: |  | Final Year Trainee | | | |
|  |  |  | New Fellow  awarded / to be awarded\* in: | |  | |

*\* Please delete as appropriate and fill in the month/year of fellowship attainment.*

**Details of Research Project**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Host HKUMed Department: |  | | | |
| Name of Mentor^: |  | | | |
| Research Topic: |  | | | |
| Proposed Period of Fellowship: | Start Date: |  | End Date: |  |
| Time allocation | Research | % | Clinical duties | % |

*^ If awarded, the Mentor shall be the account holder of the awarded research grant.*

**Proposed Budget:**

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

*\* Maximum of HK$190,000 for a 6-month fellowship period or HK$380,000 for a 12-month fellowship period.*

Please attach the following documents in support of your application:

1. A work plan (up to one A4 page), elaborating your participation and plan on the research project concerned:
   1. Role and commitment in the research project;
   2. Academic/clinical benefits expected upon completion of the fellowship; and
   3. Career plan upon completion of the fellowship.
2. A brief curriculum vita (up to 3 pages)

|  |  |
| --- | --- |
|  |  |

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

**PART II – TO BE COMPLETED BY THE HKUMED MENTOR**

**Personal Particulars**

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Position: |  |
|  |  |

**Comment on the applicant and reason for supporting the application:**

|  |
| --- |
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| --- | --- |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  |  |  | Signature: |  |
|  |  |  |  |  | Mentor |

**PART III – TO BE COMPLETED BY THE HKUMED DEPARTMENT CHAIRPERSON**

I support this application for consideration by the HKU LKS Faculty of Medicine.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Signature: |  |
|  |  |  |  |  | Chairperson |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  |  |  | Department: |  |

**PART IV – TO BE COMPLETED BY THE HA CHIEF OF SERVICE**

I support this application and agree to release the applicant from clinical duties per the time allocation stated in the application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Signature: |  |
|  |  |  |  |  | Chief of Service |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  |  |  | Department: |  |

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

This statement is to inform you about the purposes and management of collection of your personal data by the School of Clinical Medicine and LKS Faculty of Medicine, The University of Hong Kong (“the School and Faculty”), in respect of the Clinical Research Fellowship Scheme (“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’s 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 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)

April 2022