

THE UNIVERSITY OF HONG KONG  
LI KA SHING FACULTY OF MEDICINE

**Dr Cheng Yu Tung Fellowships 2018/2019**

**Nomination Form for Clinical Professorial Fellowship  
(1-month visit)**

Please attach one recent photograph
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(This form should be completed in **English** and returned together with the required supporting documents to the HKU Li Ka Shing Faculty of Medicine. The information provided will be used for processing your application. If your application is unsuccessful, the form and all the supporting papers will be destroyed.)

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**SECTION I** (to be completed by the nominee)

**1. Personal Information**

Professor           Others \_\_\_\_\_

Name: \_\_\_\_\_ (Surname first)          \_\_\_\_\_ Name in Chinese

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Sex: Male/Female\*

**2. Employing Institution**

Name and official mailing address of employing Institution (please include postal code):

In English: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In Chinese: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ (Office)          \_\_\_\_\_ (Home)          \_\_\_\_\_ (Mobile)

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\* Delete where inapplicable.

**3. Academic & Professional Qualifications** (*in chronological order*)

Title of degree/ professional qualification	Course duration	Awarding institution	Year of award

**4. Appointments [Past & Present]** (*in chronological order*)

Dates (Month/Year)		Employing Institution	Position	Nature of duties (i.e. University teaching/ Clinical Service/ Hospital or Health Management/Research)
From	To			

**4. Appointments [Past & Present] (*in chronological order*) [cont'd]**

Dates (Month/Year)		Employing Institution	Position	Nature of duties (i.e. University teaching/ Clinical Service/ Hospital or Health Management/Research)
From	To			

**5. Awards and Honours** (*in chronological order*)

Title of award/honour	Awarding organization	Year of award

**6. Research Grants obtained as Principal Investigator** (*in chronological order*)

Project title	Awarding organization	Year of award

**7. Supervision of Graduate Students and Postdoctoral Fellows** (*in chronological order*)

Programme (e.g. MPhil/PhD/MMed)	Duration of supervision	As Principal Supervisor or Co-supervisor	Year of student's graduation

**8. Your Current Research Theme/Interest** (*e.g. Drug development for common cancers in Chinese; use of molecular genetics in the study of novel therapies for cancer; etc*)

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**9. Supporting Documents**

Please attach the following documents:

	<u>Attached</u>	<u>To follow</u>
a. Details of your current research theme ( <i>up to one A-4 page</i> )	<input type="checkbox"/>	<input type="checkbox"/>
b. Publication list with order of authors, year of publication, name of journal, page numbers and language used (in Chinese/English) clearly indicated		
[Please indicate:		
i. No. of journal paper(s): <u>      </u> in Chinese & <u>      </u> in English		
ii. No. of abstracts/conference paper(s): <u>      </u> in Chinese & <u>      </u> in English		
iii. No. of book chapter(s): <u>      </u> in Chinese & <u>      </u> in English ]	<input type="checkbox"/>	<input type="checkbox"/>
c. A supporting letter from the President of your medical institution	<input type="checkbox"/>	<input type="checkbox"/>

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Signature of the Nominee

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Name in block letters

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Date

**SECTION II** *(to be completed by the proposed receiving staff and Head/Director of the relevant Department/School in the HKU Li Ka Shing Faculty of Medicine)*

Please state the reasons for nominating this candidate and the expected outcome of the visit:

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Priority of this candidate (if your Department/School has nominated more than one candidate for the Clinical Professorial Fellowship): \_\_\_\_\_

Receiving staff's signature	Name	Date
Head/Director's signature	Department/School	Date

March 2017 amended