Please affix a recent photo here

**THE UNIVERSITY OF HONG KONG**

**LKS FACULTY OF MEDICINE**

# APPLICATION FORM FOR ELECTIVE ATTACHMENT

# INSTRUCTIONS

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| 1. Please read carefully the information on “Elective Attachment” on the web page of LKS Faculty of Medicine, the University of Hong Kong before completing this application form. Your attention is drawn to the blackout months when elective students are not accepted.   1. Please note the following **MUST** be attached to this application form. Application without any of the following items will NOT be processed. Academic transcript and C.V. are NOT required to be submitted. 2. A recent photo affixed to the space provided above 3. HKID card copy/ passport copy / entry permit 4. A recommendation letter from the Dean’s Office of the applicant’s medical school 5. A letter issued by the applicant’s medical school certifying the completion of infection control training in the use of PPE, which includes mask fitting, gowning, gloving and hand washing techniques 6. A crossed cheque/bank draft for payment of the administrative fee 7. Information of insurance coverage (to be submitted upon acceptance of application). 8. **This application form must be completed by typing** and should be sent to the following address. Please mark “***Elective Attachment Application***” on the envelope.   LKS Faculty of Medicine  The University of Hong Kong  5/F, William MW Mong Block, Faculty of Medicine Building  21 Sassoon Road, Pokfulam, Hong Kong   1. All information obtained will be used solely for elective placement and academic purposes by LKS Faculty of Medicine, the University of Hong Kong. |

**PERSONAL PARTICULARS**

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| Name: Title: Prof. / Dr / Mr / Ms / Mrs / Miss *(First name) (Family name)* *(Please delete as appropriate)*  Hong Kong Permanent Identity Card No. *(if applicable)*: Passport No.:  Date of birth *(day-month-year)*: Nationality:    Place of birth: Country of permanent residence:  Correspondence address:  Contact No.: E-mail:  Mother tongue: Other language(s)/dialect(s) spoken: |

**APPLICATION**

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| Exact datesof attachment (day-month-year):  (The attachment should **start on a Monday and end on a Friday**. The maximum duration is **8 weeks only**.)  from to  Department/Specialty to which you wish to be attached (in order of preference):    1. 2. 3. |

**ACADEMIC BACKGROUND**

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| Name of institution currently attending:  Location: Year of current studies: ( -year programme)  Subjects which will have been learnt by the commencement of the elective period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ACCOMMODATION**

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| Do you wish to apply for accommodation in Patrick Manson Student Residence, HKU | Yes □ No □ |
| **OR** |  |
| You have your own accommodation arrangements in Hong Kong. | Yes □ No □ |
| Please give full residential address in Hong Kong where you will stay during your elective period: | |

**DECLARATION**

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| I hereby declare that the information provided above is true to the best of my knowledge and will abide by whatever decision the Faculty makes with regard to my application.  Date: Signature: |

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**FOR OFFICE USE – to be completed by the Department Chairperson and Master of Patrick Manson Student**

**Residence (*\*Delete as appropriate)***

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| The **Department of** is able/unable\* to  accept this elective student from to .  Remarks:  Date: Signature:  Department Chairperson  -------------------------------------------------------------------------------------------------------------------------------------------------  The **Department of** is able/unable\* to  accept this elective student from to .  Remarks:  Date: Signature:  Department Chairperson  --------------------------------------------------------------------------------------------------------------------------------------------------  The **Department of** is able/unable\* to  accept this elective student from to .  Remarks:  Date: Signature:  Department Chairperson  --------------------------------------------------------------------------------------------------------------------------------------------------  **For completion by Master, Patrick Manson Student Residence**  The Residence is able/unable\* to accept this elective student from to .  Remarks:  Date: Signature:  Master, Patrick Manson Student Residence |