THE CHINESE UNIVERSITY OF HONG KONG

CUHK Centre for Bioethics

**The National Academy of Medicine**

**International Health Policy Fellowship Program 2023/24**

Application Form

1. The information gathered will only be used for Awards-related purposes in the University. It may be accessible to committees or persons involved in the Awards matters. Records of unsuccessful applicants will be destroyed when no longer required.
2. The application form should be **typed in English** and **signed**. Handwritten form will not be accepted.
3. Completed application form together with all required documents should be submitted **BY MAIL** to the CUHK Centre for Bioethics, Room 602, Wong Foo Yuan Building, The Chinese University of Hong Kong, Shatin, **on or before 31 March 2023 (Friday)**. Late or incomplete application will not be considered. Please refer to *Notes for Applicants* for additional instructions.

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| **Personal Data** | | | | | | | | | | | |
| Name (in BLOCK LETTERS, SURNAME FIRST): | | | | | | | | | | | |
| Name (in Chinese): | | | | | | | | | | | |
| Date of Birth (DD/MM/YYYY): | | | | | | | | | Gender: | | |
| Place of Birth: | | | | | | Citizenship: | | | | | |
| Correspondence Address: | | | | | | | | | | | |
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| Contact No.: | | | | | | Email: | | | | | |
| *For full-time CUHK Staff* | | | | | | | | | | | |
| CUHK Staff ID: | | | | | | | | | | | |
| Position: | | | | | | | | | | | |
| Unit/ Department: | | | | | | | | | | | |
| *For non-full-time CUHK Staff* | | | | | | | | | | | |
| Institution/ Organization: | | | | | | | | | | | |
| Position: | | | | | | | | | | | |
| Current Affiliation with CUHK: | | | | | | | | | | | |
| **Employment Experience (in reverse chronological order)** | | | | | | | | | | | |
| From  (MM/YY) | To  (MM/YY) | | | Employer | | | | Position/ Job Title | | | |
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| **Research Work Undertaken (in reverse chronological order)** | | | | | | | | | | | |
| Period | | Name and Nature of Research | | | | | | | | Published Work | |
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| **Publication List (in reverse chronological order)** | | | | | | | | | | | |
| Year | | Publisher/ Journal Name | | | | | Listing Title | | | | |
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| **Academic Qualifications (in reverse chronological order)** | | | | | | | | | | | |
| From  (MM/YY) | To  (MM/YY) | | | Institution | | | | Program Title &  Qualification Obtained  (e.g. Bachelor of Science in Public Health (First Class Honors)) | | | |
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| **Professional Qualification/ Membership (in reverse chronological order)** | | | | | | | | | | | |
| Date of  Award | Professional Body | | | | Qualification/ Membership Obtained | | | | | | Channel of Award (e.g. exam, election) |
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| **Referees** | | | | | | | | | | | |
| Name | | | Position | | | | | | | Email | |
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| **Reasons for applying for this Fellowship Program and how it could help to achieve personal education and career objectives (200-300 words)** | | | | | | | | | | | |
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| **Authorization and Undertaking** | | | | | | | | | | | |
| I hereby declare that the information provided in this form is correct and true to the best of my knowledge. I understand that any misrepresentation will disqualify my application.  I authorize the CUHK Centre for Bioethics (CBIOE) to obtain any information from other units of the University which CBIOE considers necessary and relevant to the administration and assessment of my application for the captioned Fellowship Program.  I understand that CBIOE reserves the right to publicize the Fellowship Program, its beneficiaries and details of the winning entry as it sees fit, and the submission of this application signals acceptance of the abovementioned.  **I also undertake to inform CBIOE, as soon as practicable, of any awards/scholarships/prizes conferred to me for the academic year 2023/24 after submission of this form.** | | | | | | | | | | | |
| Signature of Applicant: | | | | | | | | | | | |
| Date: | | | | | | | | | | | |

*Note:*

*All the data provided by the applicants should only be used for Awards-related purposes in the University. Data users must comply with the requirements of the HKSAR Personal Data (Privacy) Ordinance.*