

**Hong Kong College of Radiologists  
HKCR 15A Travelling Fellowship**

**Application Form for 2018**

**Part I. Applicant's Particulars**

Name: \_\_\_\_\_  
(Block letters)                      (Surname)                      (Given name)

Chinese Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Years of Residence in HK: \_\_\_\_\_ MCHK Registration No.: \_\_\_\_\_

Date of Admission as the Fellow of HKCR: \_\_\_\_\_ OR

Date of Passing Exit Assessment of HKCR: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rank / Position: \_\_\_\_\_ Hospital / Institute: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

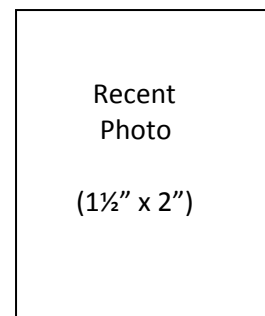
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employment status: HA / GS / University \*      Employment term: permanent / contract \*  
(\*delete whenever is inappropriate)

**Part II. Curriculum Vitae**

*Please submit a Curriculum Vitae that should include the following items whenever applicable:*

- *Academic Record and Professional Qualifications with dates, any distinctions or honours obtained*
- *Present and Previous Appointments with dates*
- *Details of past and present Extra-curricular Activities and Community Service with position held*
- *Involvement in sports and other recreational activities, with any official capacities held and dates*
- *Involvement in activities / committees in department, hospital, head office level as well as local college and professional bodies*
- *Previous training record: courses / conferences attended: local & overseas; professional & managerial; with dates and sponsorship*
- *Awards / prizes / scholarships / fellowships / research grants obtained, with dates and sponsorship*
- *Publications & Presentations in both local and overseas conferences*
- *Research or projects completed or in progress*



**Part III. Particulars of Proposed Training** *(attach supplementary sheet if required)*

1. Training objectives:

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2. Outline of Proposed Training Programme:

Specialty and field of study: \_\_\_\_\_

Proposed duration: \_\_\_\_\_ from- \_\_\_\_\_ to- \_\_\_\_\_

3. Names and Addresses of Institution/University Proposed for Training, and justification for selection of the training site:

*(Please note that the College will liaise with RCR for arrangement if the application is successful. You may approach the proposed training institution in advance for possibility of training programme, confirmation of the availability is not necessary.)*

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4. Future Career / Action Plans after Completion of Training Programme:

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5. Please state whether you are applying for any other scholarship/fellowship or similar awards. If so, kindly specify their source, nature and result.

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**Part IV. Referees**

Names and Addresses of Two Referees: *(Please refer to Note 4 for sending the confidential statement)*

(i) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part V. Declaration of Applicant**

“I, the undersigned, hereby declare that all information given or attached is true, accurate and complete, and authorize the Hong Kong College of Radiologists to verify and to communicate the above information with whatever sources the Hong Kong College of Radiologists may choose.”

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (dd/mm/yy)

**Part VI. To be filled in by Head of Department** *(attach separate sheets if required)*

Please indicate briefly the needs for such training in your department, any related project or service development that the hospital has already approved, and any service plan required for the trainee to undertake upon completion of training.  
Please also indicate your department priority if more than one trainee from your department have applied.

Departmental Priority: \_\_\_\_\_  
Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\* \* \* \* \*

**Notes**

- (1) The personal data provided by means of this form will be used by the Hong Kong College of Radiologists solely for the purpose of processing applications for the Fellowship programme.
- (2) Application for HKCR 15A Travelling Fellowship has to be supported by a proposer who can be the supervisor, unit head, department head or hospital chief executive / cluster chief executive.
- (3) Please return the duly completed application form, with a curriculum vitae together with supporting documents (certified true copies of the relevant diploma and certificate), **on or before 30 April 2018**, to:-

Secretariat Office  
Hong Kong College of Radiologists  
Room 909, 9/F  
Hong Kong Academy of Medicine  
Jockey Club Building  
99 Wong Chuk Hang Road  
Aberdeen, Hong Kong

Tel: (852) 2871 8788  
Fax: (852) 2554 0739  
Email: enquiries@hkcr.org

- (4) Confidential statement of the referees under confidential cover may be sent either with the completed application or separately to the Hong Kong College of Radiologists by the referees and should reach the Hong Kong College of Radiologists' Secretariat office not later than two weeks after deadline.