



THE COLLEGE OF DENTAL SURGEONS OF HONG KONG
香港牙科醫學院

Scholarship Application Form

Part I Applicant's particulars

CDSHK No.: CDS-M_____

*Name: _____
(Block letters)

*Chinese Name: _____

**Identical with HKID Card/Passport No.*

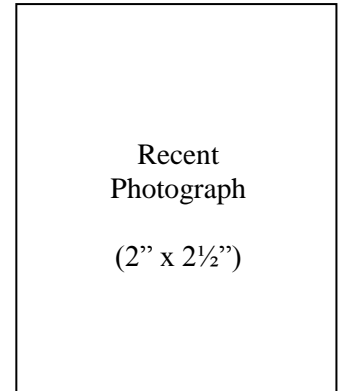
Office Address: _____

Rank/Post: (if applicable) _____

Correspondence Address: _____

Tel No.: _____ Fax No.: _____

E-mail Address: _____



Part II Curriculum Vitae

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

- a) Academic Record and Professional Qualifications with dates, any distinctions or honours obtained;*
- b) Present and Previous Appointments with dates;*
- c) Details of past and present Extra-curricular Activities and Community Service with position held;*
- d) Previous training record: courses / conferences attended: local & overseas; professional & managerial; with dates and sponsorship;*
- e) Awards / prizes / scholarships / fellowships / research grants obtained, with dates and sponsorship;*
- f) Publications & Presentations in both local and overseas journals or conferences;*
- g) Research or projects completed or in progress.*



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

1. Training objectives:

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 attach a copy of letter of acceptance if available*)

4. Details of training programme:



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

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

7. Amount of sponsorship applied for and the breakdown of the budget

Part IV Referees

Names and Addresses of Two Referees: Please request your referees to send the reference letter to the College on separate cover.

Referee 1

Name:
Address:

Referee 2

Name:
Address:



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Part V Declaration of Applicant

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

Signature of Applicant

____/____/_____
Date

Notes

- (1) The personal data provided by means of this form will be used by the College solely for the purpose of processing applications for the Scholarship programme.
- (2) Please return the duly completed application form, with a curriculum vitae together with supporting documents (copies of relevant diplomas and certificates, letters of acceptance for training programme where applicable) **on or before 31 July 2018**, to:-

Scholarship Committee
The College of Dental Surgeons of Hong Kong
Room 902, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen
Hong Kong

- (3) Confidential statement of the referees should be sent separately to the Scholarship Committee by the referees under confidential cover and should reach the Scholarship Committee not later than two weeks after application deadline.