



**THE COLLEGE OF DENTAL SURGEONS OF HONG KONG**

**香港牙科醫學院**  
(Incorporated with Limited Liability)



**A Constituent College of the Hong Kong Academy of Medicine**

22 February 2024

Dear Fellow/Higher Trainee,

**The College of Dental Surgeons of Hong Kong Scholarship 2024**

The College of Dental Surgeons of Hong Kong Scholarship has been set up since 2011 to support Fellows and Higher Trainees to have opportunity in gaining overseas training experience in their specialties. Preference will be given to young colleagues who are admitted as our College Fellow within 5 years.

The maximum amount of the Scholarship is HK\$50,000 for the Year 2024. Application for the Scholarship is now open to all of our College Fellows and Higher Trainees. The training programme, which will be self-arranged for a duration not more than 8 weeks, requires prior approval by the College Council. The scholarship cannot be held in conjunction with any other award, grant or sponsorship that will give financial support for the same training event.

Successful applicant(s) will be required to participate in some College activities in the subsequent year as invited by the College Council such as writing reflections about the overseas training received for being published in the College Publication and representing the College in some events or functions.

You are invited to complete and submit the Application form, which is available on our College website at [www.cdshk.org](http://www.cdshk.org), together with documents required by post as stated in the form **on or before 30 June 2024**.

Yours Sincerely,

Dr. Jerome YU  
Honorary Secretary

Room 902, H K A M Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

Tel: (852) 2871 8866

Fax: (852) 2873 6731

E-mail: [info@cdshk.org](mailto:info@cdshk.org)

Website: [www.cdshk.org](http://www.cdshk.org)



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**Scholarship Application Form**

**Part I Applicant's particulars**

CDSHK No.: CDS-M \_\_\_\_\_

\*Name: \_\_\_\_\_  
(Block letters)

\*Chinese Name: \_\_\_\_\_

*\*Identical with HKID Card/Passport No.*

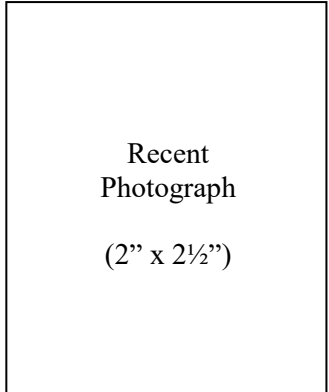
Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

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2. Outline of Proposed Training Programme:

*(The duration of proposed training programme should be not less than 2 weeks but not more than 8 weeks.)*

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

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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)*

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4. Details of training programme:

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

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

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**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 30 June 2024** 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.