

APPLICATION FORM FOR**CUHK-HKEH-PWH INTERNATIONAL OPHTHALMOLOGY FELLOWSHIP PROGRAMME**

香港中文大學-香港眼科醫院-威爾斯親王醫院 國際眼科科研及訓練計劃

申請表格

I. Personal Particulars 個人資料

Name in English 英文姓名	(Last) (First) (Middle)	Gender 性別	Male / Female 男 / 女
Name in Chinese (if applicable) 中文姓名 (如適用者)	Date of Birth (dd/mm/yy) 出生日期	Nationality 國籍	
Telephone No. (Home) 電話號碼(住宅)	(Office) (辦公室)	(Mobile/Pager) (個人通訊)	E-mail Address 電子郵址
Confidential Fax No. 保密傳真號碼	Please specify if prior notice should be given before any fax is transmitted to you 如傳真文件須事前通知，請註明		# Yes / No 是 / 否
Correspondence Address 通訊地址			
Residential Address (if different from above) 住址 (如與上址不同)			

II. Academic Qualifications / Awards / Distinctions (in chronological order) 學歷 / 學術榮譽 / 獎狀 (請順序列出)

From 由 (MM / YY) (月 / 年)	To 至 (MM / YY) (月 / 年)	Institution of Learning / College / University Attended (Please specify country) 教育機構 / 院校名稱 (請列明所在國家)	Qualifications / Awards / Distinctions Obtained 所獲學歷	Major Subject / Field of Study 主修科目 / 範疇

III. Professional Qualifications / Memberships (in chronological order) 專業資格 (請順序列出)

Professional Body (Full Name) 專業團體 (全名)	Qualification / Membership Obtained 所獲專業資格	Channel of Award (e.g. exam., election) 獲取途徑 (如考試、推選等)	Date of Award 頒發日期

IV. Working Experience (in chronological order) 工作經驗 (請順序列出)

From 由 (MM / YY) (月 / 年)	To 至 (MM / YY) (月 / 年)	Name and Address of Employer 工作機構及地址	Appointment Held 職位 (if part-time, please specify) (如屬兼職，請予註明)	Nature of Work, Subject / Class Taught 工作性質，教授科目 / 年級

V. Major Research Work Undertaken 曾擔任之主要研究工作

From 由 (MM / YY) (月 / 年)	To 至 (MM / YY) (月 / 年)	Name and Nature of Research 研究工作之名稱及性質	Published Work 已刊行之研究報告

VI. Indexed Publication List (if applicable) 已出版之主要著作 (如適用者)

Title 著作名稱	Year of publication 出版日期	Co-authors 共著者	Publisher / journal name 刊物 / 期刊名稱

Please attach abstracts of publications if available. 請連同著作撮要一併交回。

VII. Your Goals for Your Participation in the CUHK-HKEH-PWH International Ophthalmology Fellowship Programme 你參加香港中文大學-香港眼科醫院-威爾斯親王醫院國際眼科科研及訓練計劃的目標

VIII. Your Career Aspirations 你對事業及工作之抱負

IX. Referees 諮詢人

Name 姓名	Position 職銜	Correspondence Address 通訊地址	Fax no. / E-mail Address 傳真號碼 / 電子郵件
1.			
2.			

Unless otherwise specified, consent is deemed given by the applicant to the Department to approach the above referees whenever appropriate without prior notification. Please also inform your referees that such consent has been given by you.

除非特別註明，部門將毋須再行通知應徵者並可逕向上述諮詢人查詢。請先行知會上上述諮詢人。

X. Others 其他

1. How did you learn about this programme? 請問從何處得悉本計劃?

(e.g. Name and date of journal / newspaper, etc.) (例：期刊 / 報章名稱及日期)

2. Applicants may use the following space to provide any other relevant information in support of your application.

其他此申請有關的資料

XI. Declaration 聲明

I declare that the information given above is correct and complete to the best of my knowledge and that the documents provided by me in connection with this application are true copies. I will produce the original / certified true copies of all identification and qualification documents as required by the Department upon successful application. I understand that if I knowingly supply false information or withhold any material information, The Department of Ophthalmology & Visual Sciences of The Chinese University of Hong Kong, the Hong Kong Eye Hospital and the Prince of Wales Hospital shall have the right to rescind any verbal / written offer and I shall render myself liable to dismissal if I am eventually participating in the programme.

本人謹此聲明以上所提供的資料均屬真實及所附證明文件皆為真確副本。如本人的申請獲接納，本人將提供有關身份及資歷文件的正本 / 核實真確本予部門作查核。本人明白倘若故意虛報資料或隱瞞重要事實，香港中文大學眼科及視覺科學學系、香港眼科醫院以及威爾斯親王醫院可駁回以口頭或書面接納的申請，或縱使已參與計劃亦可被取消資格。

Date

Signature

日期 _____

簽署 _____