



香港骨科醫學會
THE HONG KONG ORTHOPAEDIC ASSOCIATION

APPLICATION FOR TRAVELING SCHOLARSHIP

(Revised Jan 2004)

Applicant's Name: _____ (Chinese) _____

Correspondence Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Scholarship applied for:

Please specify name of specific scholarship: _____

In the event that I am not allocated this specific scholarship, I would like to be considered for the standard scholarship as detailed below.

Name of Proposed Event: _____

(Please enclose a preliminary program)

Location (City, Country): _____ Starting to ending dates: _____

Declaration

- I have not received any sponsorship from the HKOA in the 36 months immediately prior to the starting date of the proposed event.
- I last received sponsorship from the HKOA to attend a meeting which started on _____ (DD/MM/YY), which was _____ (integral number) months prior to the starting date of the proposed event.
- By the starting date of the proposed event, I have served in the orthopaedic specialty, in either the public hospital sector or in private practice, in the capacity of a registered medical practitioner for for _____ (integral number) completed years, as detailed in my enclosed CV *.
(Non-orthopaedic service NOT counted. Internship / externship NOT counted)

* You must attach a CV detailing your qualifications with dates, work experience including position, sub-specialty etc, with dates, and any other relevant information concerning your professional career development and achievement.

- I understand that any dishonesty or false representation, both on this application form and in the information contained in my CV, will lead to disqualification.

Signature of Applicant: _____ Date: _____