

THE HONG KONG ASSOCIATION FOR THE STUDY OF LIVER DISEASES LIMITED

FELLOWSHIP

Application Form

I. PERSONAL DATA

Name in English <i>(BLOCK Letters, Surname first)</i>		Name in Chinese		Photo
HKID Number		Date of Birth		
Sex		Marital Status		
Home Address				
		Tel		
		Fax		
Office Address				
		Tel		
		Fax		
		Email		

II. ACADEMIC AND PROFESSIONAL QUALIFICATIONS
(Attach supporting documents)

	Date
Secondary School Education	
University Education	
Medical Degree	
Postgraduate Qualification	

III. MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS/COLLEGES

Date

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IV. WORKING EXPERIENCE

Date

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V. TRAINING EXPERIENCE IN HEPATOLOGY

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VI. PUBLICATIONS

VII. PROPOSED PLAN OF TRAINING

VIII. TWO REFEREES (One of which should be Applicant's Supervisor)

Name		Name	
Position		Position	
Institute & Address		Institute & Address	
Telephone		Telephone	
Email		Email	

Signature : _____

Date : _____

Please return to Fellowship Selection Committee together with supporting documents on qualifications.

Address for Return
<p>HKASLD Fellowship Selection Committee c/o Ms Gladys Chu / Miss Christal Wong The University of Hong Kong Room 419, Block K, Queen Mary Hospital 102 Pokfulam Road, Hong Kong</p>

HKASLD FELLOWSHIP

Reference on _____
(Name of Applicant)

Name of Referee _____ Signature _____

Position _____ Date _____

Institute & Address _____

_____ Contact phone number _____

E-mail address _____

Please return directly to
Fellowship Selection Committee.

Address for Return

HKASLD Fellowship Selection Committee,
c/o Cynthia Tai
Room 94020, 7/F,
Lui Che Woo Clinical Sciences Building
Prince of Wales Hospital
The Chinese University of Hong Kong
Shatin, N.T., Hong Kong
Kowloon