



香港急症科醫學院

HONG KONG COLLEGE OF EMERGENCY MEDICINE

Application form for Poisoning Resuscitation & Training Charity Fund for Greater China

Application of :

A) Sponsorship HK dollars 100,000 for training of 12 months

B) Sponsorship H K dollars 50,000 for training of 6 months

1) Personal Data

Full Name in English*			
ID Card No / Passport No*		Name in Chinese*	
Sex *		Age*	

Office Phone		Office Address*	
Mobile Phone*			
Pager		Home Address	
Fax		Other Address	
Email*			

* Mandatory

2) Current Working Status

Rank		Department	
Hospital		Institution	

Working Experience (or CV)

Starting Date (day/month/year)	Ending Date (day/month/year)	Hospital	Department	Rank	Remark

Please use separate sheet if needed

3) Training Program in Hong Kong

Starting Date (day/month/year)	Ending Date (day/month/year)	Hospital	Department	Remark

4) Intended duration of stay in Hong Kong

From (day/month/year)	To (day/month/year)	Remarks

5) Plan to develop clinical toxicology after the training

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6) Endorsement from department head

Rank:	
Department:	
Hospital:	
Period:	
Name of Consultant:	
Signature of Consultant:	
Hospital Stamp:	

7) Privacy and Declaration statement as applied

When you register with the "Poisoning Resuscitation & Training Charity Fund for Greater China" you accept the statement below:

Data Protection

The information you give us will be kept confidential and your personal information will not be disclosed to third parties without your prior consent except where necessary to confirm factual information provided by you; and in compiling anonymous statistical data required to be submitted to Government agencies such as the Hong Kong Academy of Medicine (HKAM). Access to sensitive personal data is strictly controlled and confined to Human Resources staff with responsibilities in these areas.

When you submit an application to "Poisoning Resuscitation & Training Charity Fund for Greater China" you accept the statement below:

Candidate Declaration

I confirm that to the best of my knowledge the information I have provided in my application (including address and self -declaration) is correct and true. I realize that if it is found that I have deliberately given false or misleading information I am liable to be disqualified from further consideration or, if appointed, to be dismissed immediately without notice.

Posting Address:

Hong Kong College of Emergency Medicine
Room 809, Hong Kong Academy of Medicine
99, Wong Chuk Hang Road,
Aberdeen, Hong Kong

Closing date for applications:

31st August 2017 (Thursday)

Signature : _____

Name : _____
(in BLOCK letters)

Date : _____