Hong Kong Society for Coloproctology

Hester Cheung Memorial Young Colorectal Fellow Travelling Grant

Application Form

Section A – Applicant information

1. Full name (as in HKID / passport):

_____

2. Title: ☐ Dr ☐ Prof ☐ Other: _____

3. Current post / rank:

_____

4. Department and hospital / institution:

_____

5. Correspondence address:

_____

_____

6. Telephone: _____

7. Email: _____

8. Medical Council of Hong Kong registration number:

_____

9. Year of completion of general surgery specialist training:

_____

10. Colorectal subspecialty training status (tick as appropriate):

☐ Currently in recognised colorectal fellowship / subspecialty training

☐ Completed recognised colorectal fellowship / subspecialty training in _____ (year)

11. Hong Kong Society for Coloproctology membership:

Year first joined the Society: _____

Section B – Proposed activity

12. Title / name of meeting, course or host institution:

_____

13. Organising body / host unit:

_____

14. Location (city, country):

_____

15. Dates of activity (DD/MM/YYYY):

From: _____ To: _____

16. Are you presenting at the meeting?

☐ Yes – Oral ☐ Yes – Poster ☐ No ☐ Not applicable

17. Title of presentation (if applicable):

_____

18. Abstract / presentation status:

☐ Accepted (attach copy of acceptance letter/email)

☐ Submitted, decision pending

☐ Not applicable

20. For observership / visiting fellowship:

- Proposed duration (weeks): _____
- Name and position of host supervisor: _____
- Has the host institution formally agreed to your visit?

☐ Yes (attach invitation / confirmation) ☐ Pending ☐ No

Section C – Educational objectives and expected benefits

21. Please describe the objectives of your proposed activity and its relevance to colorectal surgery (maximum 300 words):

22. Please describe how this activity will contribute to your clinical / academic development and how the experience will benefit colorectal practice, service development and/or training in Hong Kong (maximum 300 words):

Section D – Budget and other funding

23. Estimated budget (in HKD):

- Airfare (economy class): HK$ _____
- Accommodation: HK$ _____
- Registration fees: HK$ _____
- Local transport: HK$ _____
- Other (specify): _____ HK$ _____

Total estimated cost: HK$ _____

24. Amount requested from the Hester Cheung Memorial Young Colorectal Fellow Travelling Grant:

HK$ _____ (maximum HK$70,000)

Declaration

☐ I have not applied for / received other funding for this activity.

☐ I have applied for / received other funding as listed below.

Section E – Supporting documents checklist

Please attach the following (tick as enclosed):

☐ Curriculum vitae (maximum 3 pages)

☐ Program / preliminary information of meeting / course (if applicable)

☐ Invitation / confirmation letter from host institution (for observership / fellowship)

☐ Abstract and acceptance letter/email (if applicable)

☐ One reference letter from Head of Department, training supervisor or equivalent

☐ Any other relevant supporting documents: _____

Section F – Declaration by applicant

I declare that the information provided in this application and the attached documents is true and complete to the best of my knowledge. I agree to abide by the "Hester Cheung Memorial Young Colorectal Fellow Travelling Grant" Policy of the Hong Kong Society for Coloproctology, including the requirements on reporting, acknowledgement, and use of funds. I understand that any false information or misuse of funds may result in withdrawal of the award and/or the requirement to refund monies disbursed.

Signature of applicant: _____

Name (in block letters): _____

Date (DD/MM/YYYY): ____ / ____ / _____

Section G – Reference (to be completed by referee)

Referee name: _____

Position and institution: _____

Relationship to applicant: _____

Contact email: _____

Contact telephone: _____

I confirm that I know the applicant and support this application. In my opinion, the proposed activity is appropriate and will contribute to the applicant's professional development.

Comments (optional, or attach separate letter):

_____

_____

Signature of referee: _____

Date (DD/MM/YYYY): ____ / ____ / _____