

Application Form
Hong Kong College of Radiologists Education and Research Fund

Name : _____ Sex/Age : _____ / _____

Institution/Practice : _____

Trainee/Member/Fellow, since _____ (date)

Number of years of working experience in the above Practice : _____

- Application for Education Grant** Category I / II
- | | |
|--|-------------------------------------|
| <input type="checkbox"/> overseas attachment | <input type="checkbox"/> workshop |
| <input type="checkbox"/> training course | <input type="checkbox"/> conference |

Name of activity : _____

Name of organization : _____

Date of activity : _____

Amount of grant applied : _____

Have you attached the paper/poster? Yes No If no, do you intend to present it later? Yes / No
If yes, please attach documentary evidence from the conference organizer.

Application for Conference Grant

Name of conference/seminar/workshop : _____

Location Held : _____ Date Held : _____

Amount of grant applied : _____

Application for Research Fund

Name of project : _____

Project commencement date : _____

Duration of project : _____

Amount of grant applied : _____ (please categorize the expenditure on a separate sheet)

Date : _____ Signature : _____

Note : - Please send the completed application form, details of the activity, the applicant's CV and other relevant documents to the Chairman of Education & Research Fund, Hong Kong College of Radiologists, Rm 909, 9/F Hong Kong Academy of Medicine Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.

- Applications which are incomplete, not accompanied by the required supporting documents, or received after the deadline of application for the respective activities will normally not be considered.
- The grant cannot be held in conjunction with any other award (apart from leave granted by the applicant's employing organization) for the same item of activity, unless prior approval has been sought with the College.