M.5/621 (amended)

THE UNIVERSITY OF HONG KONG

LI KA SHING FACULTY OF MEDICINE

**Application for the Research Postgraduate Student Exchange Scheme/**

**Bau Tsu Zung Bau Kwan Yeu Hing Research and Clinical Fellowship**

*[The completed form should be endorsed by the Departmental Chairperson/Director/Head and the DRPA/DRPC Chairperson of the Department/School and returned to Ms Amy Leung (email:* *leung922@hku.hk**) of the Faculty Office* ***at least 3 months prior*** *to the commencement of the programme.]*

*The Faculty will allocate the appropriate Scheme/Fellowship to applicants based on their candidature, duration of exchange and other information provided on this application form. Allocations are subject to funding availability and quotas. Please read the information on* [***Research Postgraduate Student Exchange Scheme***](https://www.med.hku.hk/en/students/rpg/mphil-phd/exchange) ***/*** [***Bau Tsu Zung Bau Kwan Yeu Hing Research and Clinical Fellowship***](http://www.med.hku.hk/download/bulkmail/7814231005140532.pdf) *and the Personal Information Collection Statement annexed herein before completing this form.*

**Section 1 - Personal Particulars**

|  |  |
| --- | --- |
| Name in English *(surname first)*: |  |
| HKU ID No.: |  |
| Mobile No.: |  | Email Address: |  |
| Programme and Year of Study: |  |
| Department/School: |  |
| Field of Study: |  |
| HKU Primary Supervisor: |  |
| HKU Co-supervisor(s): |  |

**Section 2 – Proposed Exchange Study**

Proposed overseas Institution to be visited:

|  |
| --- |
| Name of Institution and address |
| Name and position of proposed collaborator/supervisor *(please attach his/her CV)*: |
| Proposed duration of exchange study: [ ]  under 3 months [ ]  3 months or over |
| From: |  |
| To: |  |

*Please attach a letter of invitation/confirmation of the proposed exchange from the collaborating institution.*

**Section 3 – Research Plan**

1. Field of collaborative research project
2. Objectives and expected outcomes of the proposed research project
3. New expertise/skill you will bring back after the programme
4. Please provide a detailed research plan during the exchange period and explain the relevance to your current research *(please use additional sheets if necessary)*

**Section 4 – Financial Support**

Have you applied for/received any funding support below for your exchange study?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Funding Provider** | **Amount** | **Currency** | *\* please delete as appropriate* |
|[ ]  [URC Travel Support for Research Postgraduate Students for International Academic Training/Research Activities](http://www.rss.hku.hk/fund/travel-students) |  |  | per month / in total*\** |
|[ ]  Travel allowance from The [Hong Kong PhD Fellowship Scheme (HKPF)](https://cerg1.ugc.edu.hk/hkpfs/index.html) |  |  | per month / in total*\** |
|[ ]  Allowance provided by the collaborator/other parties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | per month / in total*\** |
|[ ]  Any other financial support, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | per month / in total*\** |

[ ]  I have not applied for/received any other funding support for the exchange study.

**Section 5 – Exchange Budget Request (in HK$)**

*[Note: The exchange budget request is applicable only to PhD candidates with proposed exchange period of 3 months or over. A subsistence allowance up to HKD5,000/month will be provided to the successful applicants for exchange under 3 months.]*

|  |  |
| --- | --- |
| 1. One round-trip airfare at cheapest economy class direct to and from the city where the receiving institution is located *(Notes 1, 2)*
 | $ \_\_\_\_\_\_\_\_\_\_ |
| 1. Subsistence allowance at HKD5,000/month for \_\_\_\_\_\_\_\_\_\_ months
 | $ \_\_\_\_\_\_\_\_\_\_ |
| 1. Conference expenses (if applicable) *(Notes 1, 2)*
 |
| Name of Conference: |
| Period: |
| Venue: |
| Expenses for attending conference: |  |  |
| * Registration fee:
 | $ \_\_\_\_\_\_\_\_\_\_ |  |
| * One round-trip airfare at cheapest economy class direct to and from the place of conference:
 | $ \_\_\_\_\_\_\_\_\_\_ |  |
| * Accommodation allowance:
 | $ \_\_\_\_\_\_\_\_\_\_ |  |
| * The most economical public means of transport (e.g. public bus) to the place of conference and return:
 | $ \_\_\_\_\_\_\_\_\_\_ |  |
| * Other expenses relevant to the conference:
 | $ \_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_ |
| 1. Other expenses (if any): *(Notes 1, 2)*
 |  |  |
| * Insurance:
 | $ \_\_\_\_\_\_\_\_\_\_ |  |
| * Visa application fee:
 | $ \_\_\_\_\_\_\_\_\_\_ |  |
| * The most economical public means of transport (e.g. public bus, MTR) between home/University to the Hong Kong International airport:
 | $ \_\_\_\_\_\_\_\_\_\_ |  |
| * Other expenses relevant to the exchange study:
 | $ \_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_ |
|  | **Total:** | **$ \_\_\_\_\_\_\_\_\_\_** |

*Notes:*

*1. Please submit relevant quotation(s) to support the budget request.*

*2. Actual amount to be reimbursed is based upon production of receipt(s) subject to the maximum amount indicated in the award letter. Expenses cannot be reimbursed without prior approval.*

**Declaration**

|  |
| --- |
| [ ]  I understand that any false, inaccurate or misleading declaration will disqualify my application. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  | Name: |  |  | Signature: |  |

**Section 6 – Recommendation from Supervisor**

Please give details of new knowledge/expertise that the applicant is expected to bring to your Department/School or the University as a whole after the proposed exchange.

|  |  |
| --- | --- |
| Signature: |  |
| Name of Primary Supervisor: |  |
| Date: |  |

**Section 7 – Endorsement by Departmental Chairperson/Director/Head of Department/School and DRPA/DRPC Chairperson**

Comments (if any):

|  |  |
| --- | --- |
| Signature: |  |
| Name ofDepartmental Chairperson/Director/Head: |  |
| Date: |  |

|  |  |
| --- | --- |
| Signature: |  |
| Name of DRPA/DRPC Chairperson: |  |
| Date: |  |

**Personal Information Collection Statement for** **application for the**

**Research Postgraduate Student Exchange Scheme/**

**Bau Tsu Zung Bau Kwan Yeu Hing Research and Clinical Fellowship**

This statement is to inform you about the purposes and management of collection of your personal data by the LKS Faculty of Medicine, The University of Hong Kong (“the Faculty”), in respect of the Research Postgraduate Student Exchange Scheme (“the Scheme”)/Bau Tsu Zung Bau Kwan Yeu Hing Research and Clinical Fellowship (“the Fellowship”). Please read this statement BEFORE you provide any personal data in this form.

1. Purposes of Collection

A. We shall collect from you:

 (i) your name for the purpose of identification; and

 (ii) your telephone number and email for the purpose of communicating with you.

Please note that it is mandatory for you to provide the aforesaid personal data to us. In the event that you do not provide such personal data, we may not be able to process your application.

1. We shall also collect information regarding your affiliating department, programme of study, academic track, research competency and strength for the following purposes:
* collating statistical information relating to you to assist the Faculty in management and administrative functions;
* assessing your suitability and verifying your eligibility for the Fellowship;
* handling matters relating to the administration of the Fellowship; and
* promoting the Faculty’s grants, scholarships, fellowships, awards, and other programmes and schemes on publicly accessible platforms.

Please note that it is mandatory for you to provide the aforesaid personal data to us. In the event that you do not provide such personal data, we may not be able to process your application.

When you provide such personal data to us, please make sure that the data is accurate and complete. If you do not provide us with the information required or if the information provided is inaccurate or incomplete, our ability to process your application appropriately may be affected.

1. Classes of Transferees

The Faculty is administering the scheme on behalf of The University of Hong Kong and the Fellowship on behalf of the donor, Bau Tsu Zung Bau Kwan Yeu Hing Fund. Your personal data provided to the Faculty may be transferred to the third-party organizations concerned for the aforesaid purposes.

We may provide your personal data to any government departments or appropriate statutory authorities by the virtue of law. Unless with your prior consent, the Faculty will not disclose such information to any person for any purposes other than the purposes stated above or a directly related purpose.

1. Access to and Change of Personal Data

Under the provisions of the Ordinance, you have the right to request the Faculty to ascertain whether it holds your personal data, to request it to supply to you a copy of the data, and to apply for correction of the data, as necessary. Applications for access to personal data should be made by using the specified form and on payment of a fee.

1. Security measures

The Faculty will take such steps as appropriate to ensure the security of your personal data held by us. This will include password protection and other electronic security technology as well as physical security methods. Personal data, whether stored in electronic form on computers or in hard-copy form, will be accessible only by authorised employees or appropriate party(ies) of the Faculty.

1. Enquiries

Enquiries including access to and change of personal data are to be addressed to:

Research Team

LKS Faculty of Medicine, the University of Hong Kong

Telephone: (852) 3917-9175 / E-mail: resmed.enq@hku.hk

1. Privacy Policy Statement

The Privacy Policy Statement (PPS) of the University is kept under regular review and can be accessed at the following web address: [www.hku.hk/about/policies\_reports/privacy\_policy.html](http://www.hku.hk/about/policies_reports/privacy_policy.html)

Jun 2021

Amended Feb 2022

Amended Jul 2022

Amended Apr 2023

Amended Oct 2023