



香港腦科學會

The Hong Kong Neurological Society

Hong Kong Registered Charitable Organization, IRD Ref: 91/8121

SOCIETY SECRETARIAT : Unit A, 2/F, Ming Tak Centre, 135-137 Tung Chau Street, Kowloon Tel:2396 6261 Fax: 2396 6465 Website: www.hkns.org

### The Hong Kong Neurological Society Scholarship

The Hong Kong Neurological Society (HKNS) Scholarship for the year 2016 is now open for application. The HKNS is a registered charitable academic organization in Hong Kong with objectives to

1. Advance the knowledge and practice of Neurology as a science
2. Foster the development of postgraduate education and continual medical education in the field of Neurology
3. Enhance the accessibility of services in Neurology and Neurological Sciences to the public by offering training opportunities for persons interested in the field.

#### Eligibility

1. Applicant must be a member of The Hong Kong Neurological Society (“The Society”) and a citizen of Hong Kong.
2. Applicant must be a full member / life member of The Society and should have acquired his Fellowship in Neurology from the Hong Kong College of Physicians no longer than 7 years ago.
3. Applicant should identify an overseas institute (including mainland China) and a training mentor who agrees to supervise his or her training. If necessary, the Society can provide assistance to make the arrangement for the successful candidate.
4. A letter of support from the local supervisor and other documents (if applicable) should accompany the application.
5. Applicant will resume his / her present post after the training.

#### Award and Requirements

1. An award of **not over HK\$ 50,000** will be provided to support overseas training for a period of **3–12 months** in an overseas institute (including mainland China) to develop special knowledge or technique in Neurology.
2. Award cannot be transferred to another institute without the prior approval from the Society.
3. Award not claimed within a period of 12 months shall be automatically forfeited.
4. Any publications related to the training must acknowledge the support from The Society, and a copy must be forwarded to The Society.
5. Applicant should seek written approval from his / her Chief of Service/Hospital Chief Executive (as appropriate) for undertaking the training.
6. ‘Double’ sponsorships (except being granted by the Hospital Authority or his / her own institute) will not be accepted for single training programme.
7. Upon completion of the sponsored training activities, the applicant has to submit evaluation report and proof of attendance, if applicable, to The Society within one month.



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### **Selection Criteria and Review Process**

1. Candidates will be evaluated based on their commitment to the Neurological service in Hong Kong and the strength of their training projects.
2. Candidates without overseas training experience will be given priority.
3. A Selection Committee will be formed by the Council of The Hong Kong Neurological Society to review all the applications. Selected candidates will be invited to an interview to present their training plan.

### **Application**

Applicants should complete the Proposal Form (see Appendix) and send it to the secretariat of the Hong Kong Neurological Society **before 31<sup>st</sup> March 2016.**



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To: Dr. Wong Wing Yin Winnie  
Hon Secretary  
The Hong Kong Neurological Society  
c/o Unit A, 2/F, Ming Tak Centre  
135-137 Tung Chau Street, Kowloon  
Fax: 23966465

**PROPOSAL FORM**

**The Hong Kong Neurological Society Scholarship**

(A) Personal Information

Name of Applicant: \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Gender: M/F (Please circle the appropriate) Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

HKID No.: \_\_\_\_\_ XXX ( )

Contacting Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

(B) Qualification

Year of Graduation (Medical Degree): \_\_\_\_\_

University: \_\_\_\_\_

Higher Qualification: MHKCP / MRCP \_\_\_\_\_

FHKCP (Neurology) \_\_\_\_\_

(C) Current Employment

Present position: \_\_\_\_\_

Institute: \_\_\_\_\_



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(D) Particulars of Training Programme

1. Proposed training programme:

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2. Place of training:

Institute: \_\_\_\_\_

Country: \_\_\_\_\_

3. Commencement date of the programme: \_\_\_\_\_

4. Duration of programme: \_\_\_\_\_

5. Training objectives:

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6. Nature of training:  Hands-on experience

Observation only

Both

Others \_\_\_\_\_

\_\_\_\_\_

7. Needs of such training in your service or hospital:

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8. Benefits to patient care:

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9. Relevant new project / plan for your service or institute:

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10. Post-training action plan:

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11. Overseas medical training records:

No

Yes, please specify training location, time and training details

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_