

Organizer



Sponsor

The TUYF Charitable Trust

SPHC Sponsorship for Overseas Palliative Care Training

Please use **BLACK** or **BLUE** ball pen to fill in the form with **BLOCK LETTERS**.

Personal Information

1. Name in English:

Dr./Mr./Miss/Mrs. _____

2. Name in Chinese: _____

3. Hong Kong Identity Card No.: _____

4. Nationality: _____

5. Place & Date of Birth: _____

6. Telephone/Fax: _____ (Day Contact) _____ (Home)
_____ (Mobile) _____ (Fax)

7. Email: _____

8. Correspondence Address: _____

9. Office Address: _____

10. Organization/ Hospital: _____

Department: _____ Ward: _____

Position: _____

Recent Photo
(1.5" X 2")

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Professional Information

11. Academic and Professional Qualifications: (In Chronological Order)

Qualifications	Awarding Institutions	Dates Obtained

12. Training / Employment: (In Chronological Order)

Position	Institution	From (month/year)	To (month/year)

13. Membership of Professional Association / College: (In Chronological Order)

Membership of Professional Association / College	Dates Obtained

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14. Publications: (In Chronological Order)

Publications	Dates Issued

15. Sponsorship applied for:

☐

Category A

☐

Category B

☐

Category C

Outline your proposed training course, indicating the institutions involved and period of attendance (Category A, B & C) / proposed attendance of conference (Category B & C).

16. Give the name of the institutions you have applied for admission to and attach a copy of the letter of acceptance (if any).

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17. Give particulars of any other scholarship / awards for which you have applied.

18. Indicate your future career plans after completion of the proposed training course.

19. Have you been granted SPHC Sponsorship for Overseas Palliative Care Training in the past 3 years? If yes, please state the date, amount and nature of training.

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20. Proposed expenditure for the study (Please supplement additional sheets if necessary)

Items	Proposed Expenditure (Please break down the items if any)	Granted Sponsorship	Remarks
		(Official Use Only)	
Total:			

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21. References & Supporting Documents

i) 2 References – one MUST be the applicant's supervisor

ii) Supporting Documents

iii) For applicants who require compensation leave for their study, please submit certification from Chief of Service, Departmental Manager or other relevant authorities that study leave will be granted for you to undertake the Sponsorship Training.

22. I confirm I have read the regulations and details governing the Sponsorship carefully, and will sign the deed setting out acknowledgments and undertaking with the Society for the Promotion of Hospice Care in respect of the Sponsorship award.

(Signature)

(Date)

Society for the Promotion of Hospice Care reserves all the right on final decisions concerning the sponsorship.