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## NAM-HKU Fellowship in Global Health Leadership

**NOTES FOR APPLICANTS**

## 1) Your application dossier should include the following documents:

* + A completed application form
  + An up-to-date curriculum vitae
  + Three letters of reference

## 2) Application form should be typed in English and signed. Handwritten form will not be accepted.

3) The application dossier is to be returned along with all requisite supporting documents by email to [namhku@hku.hk](mailto:namhku@hku.hk) or by post to “School of Public Health, The University of Hong Kong, G/F, Patrick Manson Building (North Wing), 7 Sassoon Road, Pokfulam, Hong Kong”

## 4) The deadline of application for the 2021/22 cohort is on 30 November 2020 (Hong Kong time). Late or incomplete application will not be considered.

5) The U.S. National Academy of Medicine (NAM) and The University of Hong Kong (HKU) are equal opportunity organisations and welcome applications from all qualified women and men. All appointments will be made on merit.

6) The information gathered will only be used for awards-related purposes in the University. It may be accessible to committees or persons involved in awards matters.

7) Please note that the School of Public Health of The University of Hong Kong will request applicants to submit other supporting documents for information, if deemed necessary.

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## NAM-HKU Fellowship in Global Health Leadership

## For Office Use

Date received

No.

## APPLICATION FORM

Please read the “Notes for Applicants” before completing this form.

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| **Section A: Personal Particulars** | | | | | | | | | | | | | |
| Title: | | | Dr / Mr / Mrs / Miss / Ms \*  *\* Please delete as appropriate* | | | | | | | | | | |
| Name in English: | | |  | | | | |  |  | | | | |
| (in BLOCK LETTERS) | | | *Last* | | | | |  | *First* | | | | |
| Name in Chinese:  *(if applicable)* | | |  | | | | | Gender: |  | | | | |
| Date of Birth *(dd/mm/yyyy)*: | | |  | | | | |  | | | | | |
| Place of Birth: | | |  | | | | | Nationality: | |  | | | |
| Correspondence Address: | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
| Contact Number: | | |  | | | | | Email: |  | | | | |
| Research interest/field *(if applicable)*: | | | |  | | | | | | | | | |
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| How did you learn of this fellowship programme? | | | | | | | | | | | | | |
|  | Official website at [sph.hku.hk/en/nam-hkufellows/](https://sph.hku.hk/en/nam-hkufellows/) | | | | |  | Promotion on The University of Hong Kong’s website/campus bulk email | | | | | | |
|  | Referral by professors/colleagues/friends | | | | |  | News from your institution | | | | | | |
|  | Social media | | | | |  | Career platform (Please specify: | | | | | | ) |
|  | LinkedIn | | | | |  | Others (Please specify: | | | | ) | | |
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| **Section B: Education Background *(in descending chronological order)*** | | | | | | | | | | | | | |
| **From *(mm/yy)*** | | **To *(mm/yy)*** | **Name of Institution** | | | **Programme Title & Qualification Obtained** | | | | | | | |
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| **Section C: Employment Experience *(in descending chronological order)*** | | | | | | | | | | | | | |
| **From**  ***(mm/yy)*** | | **To**  ***(mm/yy)*** | **Name of Institution** | | | **Position Held**  ***(if part-time, state PT)*** | | | | | | | |
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| **Section D: Professional Membership *(in descending chronological order)*** | | | | | | | | | | | | | |
| **Date of Award**  ***(mm/yy)*** | | **Name of Professional Body** | | | **Name of Award** | | | | | | | **How it is obtained**  ***(e.g. by exam, election)*** | |
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| **Section E: Research Work Undertaken *(in descending chronological order)*** | | | | | | | | | | | | | |
| **Period** | | **Research Area** | | | **Research Grant *(if applicable)*** | | | | | | | **Published Work** | |
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| **Section F: Publication List *(in descending chronological order)*** | | | | | | | | | | | | | |
| **Year** | | **Publisher/Journal Name** | | | | **Listing Title** | | | | | | | |
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| **Section G: Referees** | | | | | | | | | | | | | |
| ***Please give the details of three referees after you have obtained their consent and provided them with a copy of your c.v. Their letters of reference are to be included in the application dossier.*** | | | | | | | | | | | | | |
| Referee 1 | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | |
| Position: | | |  | | | | | | | | | | |
| Company/University: | | |  | | | | | | | | | | |
| Relationship with you: | | |  | | | | | | | | | | |
| Email: | | |  | | | | | | | | | | |
| Referee 2 | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | |
| Position: | | |  | | | | | | | | | | |
| Company/University: | | |  | | | | | | | | | | |
| Relationship with you: | | |  | | | | | | | | | | |
| Email: | | |  | | | | | | | | | | |
| Referee 3 | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | |
| Position: | | |  | | | | | | | | | | |
| Company/University: | | |  | | | | | | | | | | |
| Relationship with you: | | |  | | | | | | | | | | |
| Email: | | |  | | | | | | | | | | |
| **Section H: Personal Statement** | | | | | | | | | | | | | |
| **Reasons for applying for this Fellowship and how it could help fulfill your professional development goals and aspirations (300-500 words)**  *Guidelines:*   1. *Describe how the programme’s elements (i.e. two three-month stays at the U.S. National Academy of Medicine; scholarship to undertake the Master of Public Health programme at The University of Hong Kong; and attachment at HKU School of Public Health) could fulfill your goals and aspirations* 2. *Describe your aspirations of creating a positive impact beyond yourself in your home country/community* 3. *Describe and provide evidences which demonstrate: i) you as global-minded person with an international outlook; ii) your leadership qualities and capacity to contribute to global public health betterment* | | | | | | | | | | | | | |
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| **Section I: Authorization and Undertaking** | | | | | | | | | | | | | |
| I hereby declare that that the information I have given in this application is correct and complete to the best of my knowledge and belief. I understand that any misrepresentation will disqualify my application.  I authorize the School of Public Health of The University of Hong Kong (HKUSPH) to obtain any information from other units of the University which HKUSPH considers necessary and relevant to the administration and assessment of my application for the captioned Fellowship.  I understand that HKUSPH reserves the right to publicize the Fellowship Programme, its beneficiaries and details of the awardees as it sees fit, and the submission of this application signals acceptance of the abovementioned.  **I also undertake to inform HKUSPH, as soon as practicable, of any awards/scholarships/prizes conferred to me after submission of this form.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Signature of Applicant: | | |  | | | | | Date: |  | | | | |
| *All data provided by the applicants should only be used for awards-related purposes in the University. Data users must comply with the requirements of the HKSAR Personal Data (Privacy) Ordinance.* | | | | | | | | | | | | | |