

香港兒科護理學院
Hong Kong College of Paediatric Nursing
Education Scholarship Application Form



Overseas / Local conference

(Remarks: Mainland, China, Macau and Hong Kong are grouped as local, the rest is treated as overseas.)

Please write in block letters

Part 1 Particulars of Course/Program/Conference:

1. Course/Program/Conference Title: _____
2. Organizing Institution: (Organization and Country) : _____
3. Date and duration: from _____ to _____
4. Course /Program/ Conference fee: HK\$ _____
5. The following supporting documents are provided:
 - Course/Program/Conference details (e.g. pamphlet/poster)
 - Letter of acceptance by the organizing institution (has to be submitted when available)

Part 2 Particulars of Applicant:

Name: _____ Rank: _____

Title: Mr. Ms.

Membership of the Hong Kong College of Paediatric Nursing:

Member Fellow

Membership No : _____

Place of work: _____
(Ward /Department) (Hospital / Institution)

Correspondence: _____

Contact Telephone No. _____ Fax No. _____
(Office) (Resident)

E mail: _____

Part 3 Present and previous 3 year's working experiences in relevant specialties:

Period	Position	Ward/Unit	Specialty	Hosp/Institution
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part 4 Significant Contribution to the Hong Kong College of Paediatric Nursing (HKCPN):

- Council member of HKCPN (from year _____ to year _____) Position: _____
- Committee/Subcommittee member of HKCPN (from year _____ to year _____)
- Non council/Committee/Subcommittee member of HKCPN, (Please state the events you contribute: speaker, moderator, site support and logistics, health carnival, public education, submission of articles for newsletter, others)

1. _____
2. _____
3. _____
4. _____
5. _____

Part 5 Please state whether you are now applying for any other scholarships or similar awards.

(Please kindly specify the source and nature):

1. _____
2. _____

Part 6 Previous scholarship from HKCPN in the past 24 months (please specify):

Date	Course title	Amount of scholarship (\$)
1. _____	_____	_____
2. _____	_____	_____

Part 7 Recommendation from supervisor:

I *recommend / do not recommend the above named be nominated for the scholarship

Signature: _____
Name : _____
Date : _____

Part 8 Declaration by applicant:

I, the undersigned, declare that the above information is true and correct

Signature: _____
Name : _____
Date : _____

Please send this form together with relevant documents to Ms. Dora LEE, PTAE0 of HKCPN at Room 10, Floor 9, F Block, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon.

Part 9 Approval (For office use only)

The above application for _____ fund is *approved/not approved.

Signature: _____
Name : _____
Date : _____