**2023 Croucher Summer Course Application Form**

**ARTERIAL AGEING: FROM MECHANISMS TO APPLICATIONS**

*Please send the completed form together with 1-2 letter(s) of recommendation by e-mail to* ***cscpharm@hku.hk***

**1. PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **Present Position** | [ ] Post-doc [ ] PhD  [ ] Mphil [ ] other (pls specify)  |
| **Surname**  |  | **Given name** | [ ]  Female [ ]  Male |
| **Nationality** | **Gender** |
| **HKU Student No (if any)** |  |  |
| **Correspondence Address** |  |
| **Contact telephone no** |  | **Email address** |

**2. CURRENT Professional Affiliation**

|  |  |
| --- | --- |
| **University/Institute/Organization** |  |
| **Faculty/Department/Division** |  |
| **Country** |  |
| **Director/Supervisor** |  |
| **Subject of Current Research** |  |
| **Degree/Diploma/Certificate pursued** |  |
| **Expected Date of Completion** |  |

**4. ACADEMIC QUALIFICATIONS:** (most recent first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **Title of Degree** |  | Date Obtained: |  |
|  | **Major Subject** |  |
|  | **Honours/Grade (if applicable)** |  |
|  | **Institution (Country)** |  |
|  | **Language of Instruction** |  |
| **2.** | **Title of Degree** |  | Date Obtained: |  |
|  | **Major Subject** |  |
|  | **Honours/Grade (if applicable)** |  |
|  | **Institution (Country)** |  |
|  | **Language of Instruction** |  |
| **3.** | **Title of Degree** |  | Date Obtained: |  |
|  | **Major Subject** |  |
|  | **Honours/Grade (if applicable)** |  |
|  | **Institution (Country)** |  |
|  | **Language of Instruction** |  |

**5. AWARDS AND HONOURS** (add if necessary)

|  |  |  |
| --- | --- | --- |
| **Type of Award** | **Awarding Institution** | **Date of Award** |
|  |  |  |
|  |  |  |

# 6. RESEARCH/PROFESSIONAL EXPERIENCE (add if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Position** | **Topic** | **Mode** | **Employment Period** |
| **From** | **To** |
|  |  |  | [ ]  Full-time[ ]  Part-time | Month / Year | Month / Year |
|  |  |  | [ ]  Full-time[ ]  Part-time | Month / Year | Month / Year |
|  |  |  | [ ]  Full-time[ ]  Part-time | Month / Year | Month / Year |

**7. CAREER OBJECTIVES** (max. 100 words)

|  |
| --- |
|  |

**8. GENERAL OUTLINE OF CURRENT RESEARCH PROJECT** (max. 200 words)

|  |
| --- |
|  |

**9. WHAT DO YOU EXPECT FROM THIS COURSE?** (max. 200 words)

|  |
| --- |
|  |

**10. LIST OF PUBLICATIONS** (Limit to 5 most relevant publications)

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

**11. CONFERENCE PRESENTATIONS** (Limit to 5 most relevant; Indicate whether oral or poster session)

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

**12. REFERENCE LETTERS** (Applicants should arrange for 1-2 reference letters, including current supervisor, to be sent separately to cscpharm@hku.hk . Please list below the names of the 2 referees. )

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Position** |  | **Position** |  |
| **Organization** |  | **Organization** |  |
| **E-mail** |  | **E-mail** |  |

|  |  |
| --- | --- |
| **Do you wish to be considered for a fellowship covering part of the expenses? (Only the top-rated 3 to 5 candidates will be considered)**  | [ ]  Yes[ ]  No |

**ONLY COMPLETE APPLICATION WILL BE CONSIDERED**

I declare that the information and documents provided in support of this application are, to the best of my knowledge, accurate and complete. I agree that HKU-Pasteur Research Centre Limited may conduct a reference check by contacting my present/prior supervisor(s) and or institution(s) and understand that my application will be disqualified if any information or document provided is found to be false.

Date: Signature:

The information provided will be used for admission to the Croucher Summer Courses. It will be accessible only to those responsible for processing your application. Under the Personal Data (Privacy) Ordinance, applicants have rights to request access to and/or correction of their personal data held by the Department. Requests should be made to cscpharm@hku.hk. If your application is unsuccessful, this form will be destroyed.