



香 港 骨 科 醫 學 會

THE HONG KONG ORTHOPAEDIC ASSOCIATION

Application for the HKOA Travelling Scholarship
For Fellows and Members (revised May 2025)

Applicant's Name: _____ (Chinese) _____

Correspondence Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Scholarship applied for:

Name of Proposed Event: _____

(Please enclose a preliminary program)

Organiser of Event: _____ Start to End Dates: _____

Declaration

- I have not received any sponsorship from the HKOA in the 36 months immediately prior to the starting date of the proposed event.
- I last received sponsorship from the HKOA to attend a meeting which started on _____ (DD/MM/YY), which was _____ (integral number) months prior to the starting date of the proposed event.
- I was a HKOA council member who completed one term of service for the year of ____ -- ____.
- I am an existing HKOA council member for the year of 2025-2026.
- I attended the HKOA sporting/social event (event name: _____) over the last year.
- I had a presentation at the HKOA in the past three years (need to submit proof of presentation).
- By the starting date of the proposed event, I have served in the orthopaedic specialty, in either the public hospital sector or in private practice, in the capacity of a registered medical practitioner for _____ (integral number) completed years, as detailed in my enclosed CV*. (Non-orthopaedic service NOT counted. Internship / externship NOT counted)

*You must attach a CV detailing your qualifications with dates, work experience including position, sub-specialty etc, with dates, and any other relevant information concerning your professional career development and achievement.

- I understand that any dishonesty or false representation, both on this application form and in the information contained in my CV, will lead to disqualification.
- I understand that the captioned scholarship is not intended for reimbursement of expense on quarantine hotel stay if any.

Signature of Applicant: _____ Date: _____