



THE COLLEGE OF SURGEONS OF HONG KONG  
Mrs. Esther F. C. Wu Memorial Fund  
Travelling Scholarship

PROFORMA

(To be completed by applicant)

**Personal Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Tel No. \_\_\_\_\_

Pager / Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Professional Details**

Professional Details: \_\_\_\_\_

Current Post: \_\_\_\_\_

Specialty: \_\_\_\_\_

Hospital: \_\_\_\_\_

**Proposed Visit**

Destination: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

Duration of Visit: \_\_\_\_\_

Details of any grant, stipend, Fellowship or other financial support for the visit:

\_\_\_\_\_

Amount requested to support travel costs:

\_\_\_\_\_

Names and address of two professional referees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please use the space overleaf for a summary of the proposed programme.**

**Summary and additional information:**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_