



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 addresses of two professional referees:

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

(You may attach additional pages if necessary)

Signature: _____

Date: _____