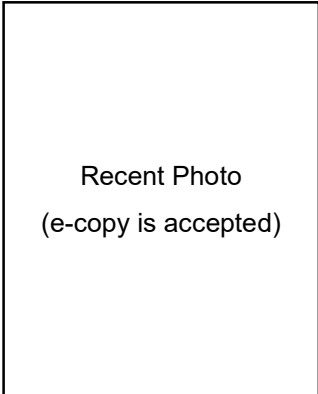


**HKCFP FOUNDATION FUND**  
**Sponsorship Application for attending**  
**The 22nd WONCA World Conference, Seoul, South Korea**  
 17 -21 October 2018  
Application deadline: 29 June 2018



**1. PERSONAL DETAILS:**

Name \_\_\_\_\_ , \_\_\_\_\_  
English (block letters please with surname first) (Chinese, if applicable)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address of Practice \_\_\_\_\_

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

Correspondence \_\_\_\_\_

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

Date of Joining the Hong Kong College of Family Physicians \_\_\_\_\_

Current Membership status of the Hong Kong College of Family Physicians:  
 \* Fellow / Full / Associate / Student / Affiliate / Non-HKSAR Member / Non-HKSAR Fellow

Current Training status: \* Basic Trainee / Higher Trainee / non-Trainee  
 \* *Please delete as appropriate*

**2. ACADEMIC INVOLVEMENT AND ACHIEVEMENT (Add additional pages if necessary)**

a. Education, undergraduate and post-graduate teaching experience \_\_\_\_\_

b. Research(es) \_\_\_\_\_

c. Publication(s) \_\_\_\_\_

d. Scholarship(s) and prize(s) \_\_\_\_\_

e. Others \_\_\_\_\_

**3. ATTENDING PLAN: Please ✓ the sessions you are going to attend:**

	17 Oct (Wed)	18 Oct (Thu)	19 Oct (Fri)	20 Oct (Sat)	21 Oct (Sun)
WONCA program	<input type="checkbox"/> APR Region <input type="checkbox"/> Young Doctor pre-conference	<input type="checkbox"/> Opening Ceremony <input type="checkbox"/> Plenary 1 <input type="checkbox"/> HKCFP Workshop <input type="checkbox"/> Welcome Reception	<input type="checkbox"/> Plenary 2 <input type="checkbox"/> Plenary 3	<input type="checkbox"/> Fun Run <input type="checkbox"/> Presentation of WONCA Award <input type="checkbox"/> Plenary 4 <input type="checkbox"/> Plenary 5 <input type="checkbox"/> Gala dinner	<input type="checkbox"/> Plenary 6 <input type="checkbox"/> Closing Ceremony
Other sessions					

**4. REGISTRATION OF THE CONFERENCE:**

Yes (Please provide the official receipt)

No

**5. PRESENTATIONS:**

Yes: please provide the submitted abstract of your presentations for College's record, and the official confirmation ASAP once available.

Oral(s) x \_\_\_\_\_

Poster(s) x \_\_\_\_\_

Others: \_\_\_\_\_

No

**6. THE REASONS OF YOUR APPLICATION (about 500 words).**

*Please use additional sheet(s) if necessary*

**7. DECLARATION (required by the Hong Kong College of Family Physicians)**

- ✓ I hereby **AGREE**, if necessary, to appear for interview by the Nomination Committee, and
- ✓ I **UNDERSTAND** the decision by the Nomination Committee will be final, and
- ✓ I hereby give an undertaking that, on successful granting of sponsorship by HKCFP Foundation Fund, I **AGREE**,
  - (a) to add College's logo in all of my Presentation materials, such as PowerPoints, Posters etc.  
Please contact the College secretariat to have an e-copy of logo for printing;
  - (b) to uphold and promote to the best of my ability the aims and objectives of the College;
  - (c) to observe the provisions of the HKCFP Articles of Association and such Regulations and By-laws of the College;
  - (d) to take part in the College official functions, if any, during the Conference;
  - (e) to submit a written report (>800 words) with photos in one month after the conference for publication if applicable.

Signature

Name in Block Letters

Date

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**FOR OFFICE USE ONLY**

**1. Proposed by the Nomination Committee**

Recommended for the sponsorship:  Yes and the sponsorship amount is HK\$ \_\_\_\_\_  
 No

Signature

Signature

Name in Block Letters

Name in Block Letters

Date

Date

**2. Seconded by Executive Committee**

Signature

Name in Block Letters

Date