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| \*Please attach your CV when submitting this application. | | | | | | |
| Part 1. PERSONAL INFORMATION | | | | | | |
| First name (in English): | Tai Man, Peter | | Last name (in English): | | | Chan |
| Full name (in Chinese): | 陳大文 | | Date of application: | | | 1-Dec-2011 |
| Nationality: | China | | Proposed fellowship period: | | | Jan-Jun, 2011 |
| Email 1: | email1@email1.com | | Telephone number 1: | | | +852 1111 1111 |
| Email 2: | email2@email2.com | | Telephone number 2: | | | +852 2222 2222 |
| Are you a Hong Kong permanent resident? | Yes No | | If not, are you eligible to work in Hong Kong? | | | Yes No |
| Part 2. EDUCATION | | | | | | |
| Please provide information on your **highest and most relevant** qualification attained. | | | | | | |
| Name of degree: |  | | | | | |
| Name of concentration: |  | | | | | |
| Name of institution: |  | | | | | |
| Country of institution: |  | | | Have you graduated? | | Yes No |
| Year of admission: |  | | | Year of graduation: | |  |
| Remarks:  (Other professional qualifications) |  | | | | | |
| Part 3. EMPLOYMENT | | | | | | |
| Please provide information on your current employment. | | | | | | |
| Name of employer/company: | |  | | Job title: |  | |
| Country of working: | |  | | Date started: |  | |
| Remarks:  (Years of relevant work experience, knowledge of institutional emergency response system in Hong Kong and whether taking up the fellowship on a part-time basis) | |  | | | | |

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| Part 4. PROPOSED ACTIVITIES TO BE SUPPORTED BY THE FELLOWSHIP |
| In 200 words, describe the public health interventions, the disaster preparedness organisation(s) to be attached to, the short course(s) to be enrolled in, and/or the disaster preparedness related project proposal(s) to be supported by the fellowship. |
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| Part 5. PROPOSED BUDGET TO BE SUPPORTED BY THE FELLOWSHIP |
| Please outline the budget for the public health interventions, the short course(s) to be enrolled in, and/or the disaster preparedness related project proposal(s) to be supported by the fellowship. |
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<End of form>