**Distinguished Young Fellows Award Application Form**

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| **Section A:** This part is to be completed by the applicant. | | |
| Name of Applicant: | Year of FHKCA: | |
| Hospital: | Post: | |
| Mobile phone number: | Email address: | |
| The Distinguished Young Fellow Award is awarded to well-rounded individuals who have demonstrated outstanding academic achievements and made significant contribution towards the HKCA, the profession, or the community across different domains within the first 10 years of fellowship: | | |
| Academic Achievements:  (Example: Professional exam awards, published research, research grants or awards, post-grad studies) | | |
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| Contributions to Hong Kong Academy of Medicine (HKAM) and/or HKCA:  (Example: Organiser of various events, Involvement in boards/committees of HKAM or HKCA) | | |
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| Contributions towards postgraduate education (CME/CPD) and training of junior doctors and anaesthetists:  (Example: Being instructor of various courses, serving as supervisor of training at one’s hospital) | | |
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| Contributions towards bettering patient care or service enhancements:  (Example: Participating or leading service improvement projects, guideline development) | | |
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| Achievement in other areas:  (Example: Engaging in community services, humanitarian missions, the arts, music, sportsmanship) | | |
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| **Section B:** This part of the application should be filled by two nominators supporting the applicant:  (Nominators must be Fellows of The Hong Kong College of Anaesthesiologists) | | |
| 1st Nominator | | |
| Name: | | Hospital / Affiliation: |
| Mobile phone number: | | Post: |
| Email address: | | |
| In what capacity have you known the applicant? | | |
| Signature of Nominator: | | Date: |
| 2nd Nominator | | |
| Name: | | Hospital / Affiliation: |
| Mobile phone number: | | Post: |
| Email address: | | |
| In what capacity have you known the applicant? | | |
| Signature of Nominator: | | Date: |
| **Section C:** Declaration of Accuracy of Information | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that the information provided in this Application Form is accurate to the best of my knowledge and accept the undertakings requested in any due diligence process. | | |
| Signature of Applicant: | | Date: |