

**Sir Edward Youde Memorial Fellowship
for Disabled Students 2017/18**

Nomination Form

A recent photograph
of the applicant to be
attached here

(preferably taken
within recent
three months)

This Nomination Form should be forwarded by the institution to the Sir Edward Youde Memorial Fund Council Secretariat at Room 1217, 12/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon, Hong Kong by **18 October 2017**.

PART I (to be completed by candidate)

(A) Personal Data

1. Name in English (Mr/Ms/Miss*) : _____
(in Block Letters as shown on HKID card)
Name in Chinese (if applicable) : _____
2. Hong Kong Identity Card No. (**Copy of which should be attached**) : _____
3. Year of birth : _____ 4. Nationality : _____
5. Years of residence in Hong Kong as at 1.9.2017 : _____
6. Home Tel. No. : _____ 7. Day-time Contact Tel. No. /
Mobile Phone No. : _____
8. Email Address : _____
9. Correspondence Address :

10. Residential Address (if not the same as in item 9 above) :

11. Previous and present occupation, if any : _____
(Please specify employment period)

(B) Details of research programme

1. Institution : _____
2. Faculty / Division / Department* : _____
3. Degree being pursued : _____
(Copies of admission letter and official transcript (if available) should be attached)
4. Field of study : _____
5. Research topic : _____
6. Year of study : _____
7. Course duration : _____
8. Commencement date of current study programme : _____
9. Expected completion date of study : _____

*Delete as appropriate

(C) Academic Background

1. Academic achievements and professional qualifications†:
(Please give details such as class of honours and subjects taken in chronological order.)

Name of Institution	Degree / Qualification Attained	Year of Award

2. Particulars of previous research work for a degree, if any:

Publication / Title of Thesis	Degree	Date

3. Scholarships and Awards†:

(Please give details of any scholarships, fellowships, studentships, bursaries and awards previously received or currently being granted in connection with the research and specify the issuing authority and value of the awards. Successful candidates will not be required to relinquish scholarships or awards concurrently held by them.)

Name of Award (including Sir Edward Youde Memorial awards)	Issuing Authority	Value of Award	Date

† Copies of supporting document(s), such as certificate(s), result slip(s) and official transcript(s) (including those of current studies) should be attached

(D) Extra-curricular Activities / Community Services

List in chronological order the extra-curricular activities and community services participated **in the past five years:**

Activity / Service	Position held / Attainment	Date

(E) Particulars of Special Educational Needs and/or Mental Health Needs¹

1. Type of special educational needs / mental health needs: _____

2. Seriousness of special educational needs and/or mental health needs (Please attach the most recent medical report and supporting document such as assessment report issued by Education Bureau or approval letter for disability allowance. Candidates may be required to attend an assessment):

¹ Students with special educational needs and/or mental health needs include those having physical disabilities, visual impairment, hearing impairment, speech and language impairment, attention deficit / hyperactivity disorders, specific learning difficulties, autism spectrum disorders, intellectual disabilities and/or mental illness.

(F) Further Information

Please give an account of, in **not more than 500 words**, preferably in English, the reasons for conducting the research. (To be typewritten, if not, please ensure that handwriting is legible. Use additional sheets if necessary and duly sign on each page.)

(G) Declaration by Candidate

I hereby declare that:

- (a) the statements made in Part I of this nomination form including all the related documents provided are, to the best of my belief, true, complete and correct; and
- (b) I have read the Information Note D. I fully understand and agree to the arrangements stated therein in relation to my being nominated.

Signature : _____ Date : _____

Name (in Full) : _____

Student Name: _____

Student No.: _____

(H) Achievements/Contribution/Participation in extra-curricular activities and community services

Please list in descending order of importance up to ten achievements/contribution/participation in extra-curricular activities (being non-academic activities and without remuneration) and community services in the past 5 academic years (from 1 September 2012 to 31 August 2017). You **MUST** provide the **supporting documents** for the activities/services. If you cannot provide the documents, kindly state the reasons. Otherwise, your activities/services may not be considered or your nomination may be given a lower priority.

	Achievements/Contribution/Participation	Date & Duration
Example	President of xxx Society - Led a team of 20 ExCo members - Organized (a function) for 100 members	April 2015 – March 2016 1 Year
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

PART II (to be completed by Dean of Faculty or Head of Division / Department)

Please note that the candidate has the right of access to the assessment provided by you in accordance with the provisions of the Personal Data (Privacy) Ordinance.

Confidential Report on the Candidate

In support of the nomination, please provide a report on the candidate with reference to –

- (a) the strategic importance of the research topic to the social, economic and technological development of Hong Kong;
- (b) whether the research work duplicates any other work that has been done or is being done in Hong Kong;
- (c) whether the research is likely to be completed within two years for a master degree or three years for a doctorate degree;
- (d) the intellectual qualities and research potential of the nominee;
- (e) the personal qualities and potential, including his/her expected future contribution to Hong Kong; and
- (f) any special considerations which have led to the candidate's nomination.

(Use additional sheets if necessary and duly sign on each page.)

Signature : _____ Date : _____

Name : Prof./Dr/Mr/Ms/Miss* _____

Position : _____

Faculty / Division / Department*: _____

Institution : _____

*Delete as appropriate