

Hong Kong College of Cardiology
 Room 1116 11/F
 Bank of America Tower
 12 Harcourt Road
 Central Hong Kong
 [Attn: Senior Executive Officer]

Hong Kong College of Cardiology

Application for PCI Scholarship Programme

For Official Use Only

Application No.:

Receipt on/by:

Please complete this application and send to HKCC together with supporting document **one month before** the commencement date of training.

*Please insert "✓" in the appropriate boxes.

(A) Personal Information

Name of Applicant:	_____ (English)	_____ (Chinese)
Gender:	_____	Age: _____ Nationality: _____
HKID/Passport No.:	_____	Issuing Office: _____
Contact Address:	_____	
	_____ Telephone No.: () _____	

(B) Qualification Information

Year of Graduation (Medical Degree):	_____
University:	_____
*Awarding Qualification(s):	<input type="checkbox"/> MBBS <input type="checkbox"/> MRCP <input type="checkbox"/> Others: _____

(C) Current Employment Information

Present Position:	_____	Country: _____	Region: _____
Name of Organisation:	_____		

(D) Total amount of sponsorship of the application

Item	Amount * <input type="checkbox"/> HK\$ <input type="checkbox"/> US\$ <input type="checkbox"/> RMB
Air-ticket	
Accommodation	
Administrative Cost	
Others (Please specify)	
Total	

(E) Particulars of PCI Training Programme

1	<p>*Programme category & name of hospital(s) involved [If the programme relates to specific department(s) in the concerned hospital(s), please specify.]</p> <p>[Please attach accepting letter from the department / hospital.]</p>	<p><input type="checkbox"/> Arranged by individual hospital (Name of hospital / department)</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Centrally coordinated by HAHO Name of hospital(s) / department(s) involved:</p> <p>_____</p> <p>_____</p> <p>_____</p>
2	Name / description of programme	
3	Commencement date of the Programme	<p style="text-align: center;">/ /</p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;"><i>dd mm yyyy</i></p>
4	Duration of Programme	
5	*Is the Programme organized on an on-going renewal basis or one-off basis?	<p><input type="checkbox"/> On-going renewal basis</p> <p><input type="checkbox"/> One-off basis</p>
6	<p>Details of the PCI Programme:</p> <p>(a) Purpose e.g. training, clinical practicum, visit, fulfillment of curriculum / fellowship requirement or others</p> <p>[Please specify the degree / diploma course if applicable.]</p>	
	(b) *Nature of training	<p><input type="checkbox"/> Hands-on experience</p> <p><input type="checkbox"/> Observation only</p> <p><input type="checkbox"/> Both</p> <p><input type="checkbox"/> Others _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(E) Particulars of PCI Training Programme (continue)					
7	*Experience in PCI	<input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-7 years <input type="checkbox"/> 7 years or above			
8	*Overseas Medical Training Records	<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, please specify training location, time and training details <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
9	Relevant record in the past year	Hospital Record (no. of cases per annum)		Individual Record (no. of cases per annum)	
		Coronary Angiography	PCI	Coronary Angiography	PCI

END