



香港糖尿病肢體學會
The Hong Kong Society for Diabetic Limb Care

APPLICATION FOR TRAVELING SCHOLARSHIP

Applicant's Name : _____ (Chinese) _____

Membership Number: _____

Profession: Doctor Nurse Prosthetist & Orthotist Podiatrist Others _____

Department: _____

Institution: _____

Correspondence address: _____

Telephone: _____ Fax: _____ E-mail: _____

Name of Proposed Event:

(Please attach a preliminary program)

Venue of Proposed Event:

Starting to Ending Dates: _____ to _____

Declaration

Please tick whichever is applicable

- I have not received any sponsorship including cash allowance and study day from any institutions or Hospital Authority
- By the starting dates of the proposed event, I have been a member of The Hong Kong Society for Diabetic Limb Care Limited.

I understand that any dishonesty or false representation, both on this application form and in the information contained in my CV, will lead to disqualification.

Signature of Applicant : _____ Date: _____