

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

Nomination Form

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**.

A recent photograph
of the applicant to be
attached here

(preferably taken
within recent
three months)

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) : _____

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

PART III (to be completed by Head of Institution or his/her representative)

Recommendation

I recommend Mr/Ms/Miss* _____
as a candidate for the Fellowship for Disabled Students to be offered by the Sir Edward Youde Memorial Fund Council in 2017/18.

I confirm that the candidate indicates high promise of academic capacity for undertaking the higher degree by research. I also certify that the particulars stated in the nomination form are correct to the best of my belief and that the candidate is undertaking a full-time University Grants Committee-funded / publicly-funded postgraduate research programme.

Signature : Way KUO

Name : President and University Distinguished Professor

Position : City University of Hong Kong

Institution : _____

Date : _____

*Delete as appropriate

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

Nomination Form

(for second to final year undergraduate / diploma students)

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**.

A recent photograph
of the applicant to be
attached here

(preferably taken
within recent
three months)

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) :

(B) Course Details

1. Institution : _____
2. Faculty / Division / Department* : _____
3. Degree / Diploma* programme at
post-secondary / tertiary level
being pursued : _____
4. Major subject (if applicable) : _____
5. Year of study : _____
6. Course duration : _____
7. Commencement date of current study programme : _____
8. Expected completion date of study : _____

*Delete as appropriate

(C) Academic Background

1. Performance at internal examinations of the institution in 2016/17†:

Subject	Grade / Mark	Subject	Grade / Mark
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

2. Public Examinations Results†:

	Year	Subjects and Results
HKDSE		
Others (Please specify)		

3. Scholarships and Awards†:

(Please give details of any scholarships / awards previously received or currently being granted 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 three 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 undertaking the course of current studies. (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) : _____

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 examination results and/or academic results of the candidate's school work in the previous year;
- (b) the leadership qualities as demonstrated in his/her involvement in extra-curricular activities and/or community services;
- (c) the intellectual and personal qualities and potential, including his/her expected future contribution to Hong Kong; and
- (d) 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

PART III (to be completed by Head of Institution or his/her representative)

Recommendation

I recommend Mr/Ms/Miss* _____
as a candidate for the Scholarship for Disabled Students to be offered by the Sir Edward Youde Memorial Fund Council in 2017/18.

I confirm that the candidate has attained high standard of academic performance in 2016/17 and made significant contribution to the institution and/or the community through his/her involvement in extra-curricular activities and/or community services. I also certify that the particulars stated in this form are correct to the best of my belief and that the candidate is undertaking a full-time University Grants Committee-funded / publicly-funded programme at post-secondary / tertiary level.

Signature : _____

Name : Way KUO

Position : President and University Distinguished Professor

Institution : City University of Hong Kong

Date : _____

*Delete as appropriate