



Croucher Summer Course 2017

Application Form

Room 308, JC School of Public Health & Primary Care, Prince of Wales Hospital, Shatin, Hong Kong
Phone: (852) 2252 8850 Email: ccouc@cuhk.edu.hk Website: ccouc.org

Part 1. Personal Particulars

Surname (English)		Given Name (English)	
Title		Date of Birth	
Nationality (Passport)		Do you have a HKID?	
Passport No.		Passport Expiry Date	
Contact Telephone No.		Email Address	

Affiliation:

Position:

Correspondence Address:

Emergency Contact

Name		Relationship to you	
Contact Telephone No.		Email Address	

Part 2. Education

Institution:

Title of Degree:

Institution:

Title of Degree:

Institution:

Title of Degree:

Part 3. Background

1. Please share your research interests and experiences in the field of disaster and humanitarian context.



2. Why are you applying the Croucher Course? How will it benefit your long-term career aspirations?

3. Other relevant information you wish to provide in supplementing your application.

Part 4. Others

1. Are you interested in joining the following trainings before attending the Croucher Course?

<input type="checkbox"/> Field-based Training in China (Tentative Date: 21-26 June 2017) Training Fee: HKD 5,000 (TBC)	<input type="checkbox"/> Short Course on Disaster and Humanitarian Crisis (Date: 28-30 June 2017) Tuition Fee: HKD 6,400
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2. Scholarships might be awarded to outstanding candidates for the Croucher Course. Would you like to apply?

Remarks: This Scholarship covers only the Croucher Course fee. For those who wish to join the Field-based Training and/or the Short Course on Disaster and Humanitarian Crisis, they will have to settle the fee on their own.

Yes No

Justification:

3. How do you learn about the Croucher Course?

<input type="checkbox"/> CCOUC Website	<input type="checkbox"/> Croucher Foundation Website
<input type="checkbox"/> Newspaper/Journals	<input type="checkbox"/> Conference
<input type="checkbox"/> Acquaintance/Colleague	<input type="checkbox"/> Affiliated Institute
<input type="checkbox"/> Email	<input type="checkbox"/> Others (Please specify: _____)

Declaration: With the submission of this form, it implies that the information given in support of this application is complete and accurate, any misrepresentation shall result in the forfeiture of my participation in the Croucher Course.

Please send the **completed application form** along with your **CV** to ccouc@cuhk.edu.hk by 31 March 2017.