



The Hong Kong Academy of Nursing & Midwifery
香港護理及助產專科學院

Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong SAR
Email: info-enquiry@hkanm.hk Telephone: (852) 2370 0335 Fax: (852) 2370 0216

APPLICATION FOR SPONSORSHIP

(_____ Name of the Activity _____)

Personal Particulars

*Please type or complete the form in BLOCK LETTERS and *circle as appropriate*

Title: * Ms. /Mr. /Mrs. /Dr/Prof.	Surname: _____	Given Name: _____
Name in Chinese: _____	Sex * F / M	
Workplace Organization: _____	Specialty: _____	
Workplace Position _____	Mobile no.: _____	
Ordinary Member / Fellow title: _____		
Year of award :	Ordinary Member _____	Fellow: _____
*Membership / Fellowship No.:	_____	_____
Abstract accepted	Oral / Poster presentation [_____]	
	Title: _____	
Please indicate if you have any activities involvement and/or contribution to the College /HKAN	_____	_____
	_____	_____

SUPPORTIVE DOCUMENTS

1. Conference attendance certificate (to be submitted after Conference)
2. Abstract (attached as appropriate)

I declare that:

- This is the sole sponsorship I received for attending this activity and I received no Sponsorship from other organizations or employers regarding to this conference/symposium and abstract submission.
- I have received sponsorship from HKANM in the Year _____
- I have not received any sponsorship from HKANM before

Signature of Applicant

Date

Endorsed by The President of The College
Hong Kong College of _____

Date

The right to grant the sponsorship would be reserved by the Council of HKANM.



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Note: Guideline for the Use of Personal Data

The Hong Kong Academy of Nursing & Midwifery (HKANM) undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate and securely kept. To ensure you are well informed of the personal data as collected, please read through this guideline.

Purpose of collection and guideline for use of personal data

1. HKANM will use personal data collected from a data subject for the purposes for which it is collected.
2. Provision of personal data to HKANM is on voluntary basis. However, if you do not provide sufficient personal data, we may not be able to process your application or provide service to you.
3. HKANM may use your personal data in future (name, email address, mailing address) for the purposes of providing you with the information of HKANM, handling application, issuing receipt, research, fundraising appeal, collecting feedbacks, as well as activities invitation and related promotion purposes.

Access to and updating personal data, request for cessation of using personal data for promotion purposes

Apart from the exemptions provided under the Personal Data (Privacy) Ordinance, you are entitled to

- Access and update your personal data held by HKANM,
- Request to cease to use your personal data for promotional purposes.

If you object HKANM to use your personal data for the purposes as stated above, please contact us in written with your full name, email address as well as dated by mail/ email. NO charge will be applied.

For Office Use:

Applicant no. : ()

Merits:

() years of fellow () council member of College () council member of HKANM
() co-opted member of College () poster/oral presentation

Type of activity: Conference / Symposium / Forum /others _____

Guideline for Award of Sponsorship

1. The sponsorship will be awarded to the designated number of applicants with the highest merits accordingly:

1.1 One point is awarded for each fellow year.

1.2 Three points are awarded for poster/oral presentation in the conference.

1.3 Additional 5 points for being a council member of HKANM.

OR, Additional 3 points for being served in the council of the college.

1.4 _____ points are awarded for the activity's involvement/contribution to Council of the College/HKANM

_____Years

Yes / No

Yes / No

Yes / No

Total
Scores:

Score
--

2. The application needs to be endorsed by the President of the College before submission.

3. Priority will be given to the first-time applicant who did not apply for HKANM sponsorship.

Approved Yes No

By _____
Name:

_____ Name: