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Faculty of Arts

THE UNIVERSITY OF HONG KONG

For Office Use

Date received _____

Acknowledged _____

No. _____

APPLICATION FORM

for Post-Doctoral Fellow in the Society of Fellows in the Humanities, Faculty of Arts

Please read the following notes before completing this form.

1. Complete this form in **BLOCK LETTERS** in full. Applicants are advised to provide all the information requested in the form, where applicable, failing which the University may not be able to process and consider your application.
2. Please send the completed form, along with a full curriculum vitae, a cover letter including a research proposal not exceeding 1,200 words, and a writing sample (dissertation chapter or published article) by e-mail to sofhku@hku.hk by January 1, 2017.
3. How did you learn of this vacancy?
4. If you have any close friends and/or relatives working in this University, please give their names in full and indicate their relationship with you.. "Close relatives" include (a) spouse, (b) parents/parents-in-law, (c) brothers/sisters and brothers/sisters-in-law, and (d) children and their spouse.
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Post applied for: **Ref. no.:** **201601354**

Research interest/field:

Surname: Given name(s) (in full):

Title: Prof. / Dr. / Mr. / Mrs. / Miss / Ms. * Name in Chinese (if applicable):

Date of birth: Nationality: Passport/HKID. Card no.:

Address for correspondence:

Contact no.: Office telephone no.:

Confidential fax no.: E-mail address:

Please give the names, correspondence addresses and e-mail addresses of three referees (and indicate their relationship with you) after you have obtained their consent and provided them with a copy of your c.v. All three referees must submit their letters of recommendation directly to the Society via email to sofhku@hku.hk. Letters should be addressed to Professor Derek Collins, Dean of Arts. Letterhead is preferred. The letters of recommendation must be received by January 1, 2017.

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I declare that the information I have given in this application is correct and complete to the best of my knowledge and belief.

Date Signature

Name and Initials

EDUCATION BACKGROUND

Dates of attendance (month/year)		Name of Tertiary Institution	Qualifications obtained, with classification if any	Date of award (month/year)
From	To			

PROFESSIONAL MEMBERSHIP

Name of professional body	Name of award	How it is obtained (e.g. by examination)	Date of award (month/year)

WORK EXPERIENCE (in descending chronological order)

Dates (date/month/year)		Name of Employment Institution	Position held <i>(if part-time please state this clearly)</i>
From	To		

Present salary (if applicable; if not, please quote last salary):

Next incremental date (if applicable):

If appointed, when would you be able to assume duty?