RESEARCH GRANTS COUNCIL

CLINICAL RESEARCH FELLOWSHIP SCHEME 2027/28

Application Form

(Please read the Notes for Applicants carefully
before completing the application form)

Note: This form, when completed, should be uploaded into the General Research Fund (GRF) Electronic Application Form under Part V in pdf format.

Part I Details of the Applicant

(This part should be completed by the Applicant)

1. Name of the Applicant

Surname	Other Name

Name in Chinese (if applicable):

2. Present Appointment

Current Position	
Staff Grade	
Terms of Appointment	substantiated / probationary / contract
Expiry Date*	
Department	
University / Hospital Authority	(Please indicate if the Applicant is a civil servant)
Telephone	
Fax	
E-mail	

*for contract staff only

Date of joining the university: _____

3. Research Proposal

Please state the clinical research proposal which you have proposed to undertake in the capacity of Principal Investigator during the period of fellowship and is linked to this fellowship application. The relevant proposal MUST be submitted in parallel to the RGC for funding under the GRF in the funding exercise of the same year.

Title of Proposal	
Field of Study#	Code of Primary Field: Code of Secondary Field:
GRF Reference	
Project Duration	
Funding Requested	

Please use the coding system as adopted for GRF proposals.

Please state the objectives of the proposal as recorded in the GRF application:

4. Fellowship Plan

Sponsoring University	
Department where you will undertake the proposed clinical research	
Period of Fellowship*	
Amount of Fellowship Requested#	

* Should be consistent with the duration of the research project, up to a maximum of three years.

\# Each fellowship award is pitched at $0.8 million per year for a maximum period of three consecutive years. But a higher amount capped at $1.2 million per year is allowed if the fellow is more senior. The actual fellowship to be funded per year will be the sum of the annual salary and annual cash allowance of the applicant or a maximum of $1.2 million, whichever is the less.

Please describe in 500 words your plan to undertake the proposed clinical research project during the period of fellowship:

5. Career Plan

Please describe in 500 words your career plan following completion of fellowship:

6. Education and Training (with qualifications obtained)

Please list in reverse chronological order the universities from which you have received your education and training (since completion of primary education), and the qualifications obtained:

Date	Nature of Study / Training	University	Qualification Obtained (month / year)

Please list in reverse chronological order any honour, award, fellowship, prize, or other recognition of achievement received:

Date	Sponsoring Organisation	Award (month/year)

7. Research Career

Please briefly outline (limited to 400 words) your research career to date and state the research work which you, either as the Principal Investigator or as the Co-Investigator, are currently undertaking or have completed in the past.

Research Work Undertaken:

Project Title	Start Date	Completion Date	Funding Involved

Research Publications:
Please also list your most relevant publications, if any (limited to 400 words).

8. Status of Specialty Training

Please state the status of your specialty training:

Year	Parts Completed

9. Particulars of Mentor

Please provide the details of your mentor and your association with the mentor:

Name of Mentor	
Position Held	
University	
Association / Acquaintance with Mentor	
Involvement of Mentor in the proposed Research Project	

10. Declaration by the Applicant

I confirm that:

(a) I am prepared to devote at least 80% of my time to the proposed clinical research if awarded the fellowship;

(b) I have completed this application form in accordance with the Notes for Applicants on the Clinical Research Fellowship Scheme, and the information given is to the best of my knowledge complete and accurate;

(c) I have attached a complete set of the official transcripts of my graduate academic records;

(d)(i) ☐ *I have completed my specialty training;

(ii) ☐ *I am in the final year of my specialty training and have started the 'higher' specialty training;

(e) ☐ *arrangement has been made with the Hospital Authority and the sponsoring University for me to join the University to undertake the proposed clinical research at the University if awarded the fellowship;

(f) I shall not hold any other position of emolument during the fellowship; and

(g) I further understand that the information contained in this application may be made available on a confidential basis to reviewers for assessment purposes.

Signature: _____

Name of Applicant: _____

Date: _____

* Please tick as appropriate

Part II Endorsement by the Mentor

(This part should be completed by the Mentor)

1. I confirm that, if the applicant is awarded the fellowship, I shall be his/her mentor for the purpose of undertaking the proposed clinical research.

2. I have known the applicant for a period of _____ years and have served as the applicant's

   ☐ *research adviser

   ☐ *dissertation/thesis adviser

   ☐ *teacher

   ☐ *others (please specify: _____)

3. I endorse this fellowship application on the basis of the following merits:

4. My role in the preparation of the applicant's research proposal is as follows:

5. Throughout the proposed research, I shall give the fellow all necessary guidance and shall be actively involved in overseeing the proposed clinical research. My plan is as follows:

6. For reference, I also attach a copy of my CV.

Signature: _____

Name of Mentor: _____

Position Held: _____

Department: _____

Sponsoring University: _____

Date: _____

* Please tick as appropriate

Part III University's Endorsement

(This part should be completed by the sponsoring university)

I confirm that:

(a) the application has been evaluated and endorsed by the university for submission to the RGC, on the basis of the following considerations and merits:

(b)(i) the university's priority ranking for this fellowship application is ☐;

(ii) the justification for institutional support is:

(c)(i) ☐ * the applicant is a full-time clinical academic staff member of the university of Staff Grade _____; or

(ii) ☐ * agreement has been reached with the Hospital Authority for the applicant (who is a full-time clinician of the Hospital Authority) to join the university to undertake clinical research during the period of fellowship;

(d) the university, together with the Hospital Authority, will make all necessary arrangements to limit the routine administrative, academic and clinical duties required of the fellow of the university to a maximum of one day per week, and to ensure that he / she can spend at least 80% of the time in the proposed clinical research;

(e) the university undertakes to provide the fellow with all the necessary ancillary support such as access to equipment and laboratory services to facilitate the undertaking of the proposed clinical research.

(f) the requested fellowship at Part I Section 4 amounts to the sum of the annual salary and annual cash allowance of the applicant, i.e. $ _____ , which is equal to or less than the maximum amount of fellowship $1.2 million. I also agree to provide at least half of the requested amount to match an equivalent grant from the RGC for the fellow throughout the period of fellowship;

(g)(i) ☐ *the university will use the fellowship grant to meet the salary costs of the fellow (including cash allowance) during the period of fellowship; or

(ii) ☐ *the university will use the fellowship grant to meet the salary costs of the replacement academic staff (including cash allowance) who have to be employed to take over the fellow's duties during the period of fellowship;

(h) the university undertakes to create a fellowship account for the management and disbursement of the fellowship funds, and to report to the RGC at the end of each fellowship year; and

(i) ☐ *subject to satisfactory completion of the fellowship, the university has the following plan to offer a permanent appointment to the fellow:

(ii) ☐ *the university has the following plan to develop and undertake further research in the clinical field as proposed by the fellowship applicant:

Signature: _____

Name: _____

Designation: _____

Date: _____

* Please tick as appropriate

Part IV Endorsement by Hospital Authority

(This part should be completed by the relevant Hospital Chief Executive of the Hospital Authority (HA) if the applicant is a full-time clinician employed by HA)

I confirm that:

(a) the applicant is a full-time clinician of the Hospital Authority;

(b) the fellowship application has been supported by the Hospital Authority;

(c) no-pay leave will be granted for the applicant to join the sponsoring university _____ to undertake the proposed clinical research project on a full-time basis if the applicant is awarded the fellowship and agreement has been reached with the university in this regard; and

(d) the Hospital Authority supports the application and undertakes to provide the fellow with all the necessary ancillary support such as access to equipment and laboratory services to facilitate the undertaking of the proposed clinical research.

Signature: _____

Name: _____

Designation: Hospital Chief Executive

Hospital: _____

Date: _____