**Croucher Summer Course**

**Precision Genome Engineering by CRISPR:
Applications in Biology and Medicine**

Application Form

Deadline for application: ~~30 June~~ 8 July 2018

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| --- |
| Pleasesend the completed form (in **word** format) with 1-2 reference letter(s) by e-mail to sbms.events@hku.hk. Reference letters can be sent separately by the referees to sbms.events@hku.hk by the deadline. |

**1. Personal Information**

|  |  |  |
| --- | --- | --- |
| **Name (as shown on travel document)** |  |  |
| (Surname) | (Given Name) |
| **Present Position****(Please** ✓) |  | Post-doc |
|  | PhD student |
|  | MPhil student  |
|  | Research Assistant Professor |
|  | Assistant Professor |
|  | Other (please specify): |
| **Gender (Please** ✓) |  | Male |
|  | Female |
| **Nationality** |  |
| **Correspondence Address****(with postal code, if any)** |  |
| **Contact telephone no****(with country code)** |  |
| **Email address** |  |

**2. Professional Affiliation**

|  |  |
| --- | --- |
| **University/Institute/Organization** |  |
| **Faculty/Department/Division** |  |
| **City** |  |
| **Country** |  |
| **Director/Supervisor** |  |
| **Subject of Current Research** |  |
| **Degree/Diploma/Certificate pursued** |  |
| **Expected Date of Graduation** |  |

**3. Academic Qualifications:** (most recent first)

|  |  |
| --- | --- |
| **Title of Degree** |  |
| **Date Obtained** |  |
| **Major Subject** |  |
| **Honours/Grade (if applicable)** |  |
| **University/Institute/Organization** |  |
| **Country** |  |
| **Language of Instruction** |  |

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| **Title of Degree** |  |
| **Date Obtained** |  |
| **Major Subject** |  |
| **Honours/Grade (if applicable)** |  |
| **University/Institute/Organization** |  |
| **Country** |  |
| **Language of Instruction** |  |

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| **Title of Degree** |  |
| **Date Obtained** |  |
| **Major Subject** |  |
| **Honours/Grade (if applicable)** |  |
| **University/Institute/Organization** |  |
| **Country** |  |
| **Language of Instruction** |  |

**4. Awards and Honours** (most recent first) (add if necessary)

|  |  |  |
| --- | --- | --- |
| **Type of Award** | **Awarding Institution/organization** | **Date of Award (MM/YYYY)** |
|  |  |  |
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# 5. Research/Professional Experience (most recent first) (add if necessary)

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| --- | --- | --- | --- |
| **Institution** | **Position** | **Research Topic** | **Duration (MM/YYYY-MM/YYYY)** |
|  |  |  |  |
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**6. Career Objectives** (max. 50 words)

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**7. General Outline of current Research Project and relevance to the course** (max. 100 words)

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**8. What do you expect from this course?** (max. 50 words)

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**9. What experience do you have with CRISPR?** (max. 100 words)

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**10. List of Publications Indexed in PUBMED** (No more than 3 most relevant/important publications)

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**11. Conference Presentations** (Limit to 2 most relevant/important; Indicate whether oral or poster session)

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |

**12. Limited number of Travelling Awards are available for applicants outside Hong Kong, Will you apply for Travelling Award? (Please** ✓)

|  |  |
| --- | --- |
| **Yes (Please provide justification and supporting document(s)** |  |
| **No** |  |

**13. Reference Letters** (Applicants should arrange for 1-2 reference letters, including current supervisor, to be sent separately to sbms.events@hku.hk. Please list below the names of the 2 referees.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Organization** | **E-mail address** |
|  |  |  |  |
|  |  |  |  |

**14. How did you learn about this course?**

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| --- | --- | --- |
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**All applicants must come with their own laptop.**

**All participants, including participants from Hong Kong, must stay for the entire duration of the course in the residential accommodation provided to ensure full interaction.**

I declare that the information and documents provided in support of this application are, to the best of my knowledge, accurate and complete. I agree that the Directors of the Course may conduct a reference check by contacting my present/prior supervisor(s) and or institution(s) and understand that my application will be disqualified if any information or document provided is found to be false.

Name:

Signature:

Date: