

**Application Form for**

**UM Macao Post-doctoral Fellowship**

**NOTES FOR APPLICANTS**

1. Please send this application form together with your updated curriculum vitae and a letter of reference/recommendation.
2. The University may request you to provide details of referees.

**Personal Data Collection Statement**

1. All personal data given in this form will be treated in strict confidential and in accordance with the Macau Law no. 8/2005 (Personal Data Protection Act).
2. The personal data collected through this application form will be used only for the employment-related purposes. It may be provided to any internal/external reviewer where applicable.
3. According to the “Personal Data Protection Act”, the applicants are entitled to access their personal data and rectify errors if needed.
4. **personal particulars**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Name in Chinese (if any) |  | | |
| Gender | Male  Female | | |
| Date of Birth | Click here to enter a date. | | |
| Nationality |  | | |
| Country/Territory of Domicile |  | | |
| E-mail Address |  | | |
| Mobile Phone Number |  | | |
| Spoken/written Languages |  | | |

1. **Academic Qualification**
2. **Doctor**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution |  | Country |  |
| Subject/Discipline |  | | |
| Conferred Year  (per issue date on certificate) | Expected Click here to enter a date. | | |

1. **Master**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution |  | Country |  |
| Subject/Discipline |  | | |
| Conferred Year  (per issue date on certificate) | Click here to enter a date. | | |

1. **Bachelor**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution |  | Country |  |
| Subject/Discipline |  | | |
| Conferred Year  (per issue date on certificate) | Click here to enter a date. | | |

1. **Doctoral Dissertation**

|  |  |
| --- | --- |
| Name of the Supervisor |  |
| Title of the Dissertation |  |
| Abstract of the Dissertation (max. 300 words) |  |

1. **working experience**
2. **Present Employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution/Organization |  | Country | |  |
| Position |  | | | |
| Scope of responsibilities |  | | | |
| Duration | From: Click here to enter a date. | | To: Click here to enter a date. | |
| Notice period required by present employer |  | | | |
| Earliest date available if appointed | Click here to enter a date. | | | |

1. **Previous Employment (in reverse chronological order, the table is expendable)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Institution/Organization | Country | Position | Scope of responsibilities | From | To |
|  |  |  |  | Click here to enter a date. | Click here to enter a date. |
|  |  |  |  | Click here to enter a date. | Click here to enter a date. |
|  |  |  |  | Click here to enter a date. | Click here to enter a date. |

1. **research achievements**
2. **Academic Publications**

|  |
| --- |
| *List out maximum 10 major publications. Include name of authors (all), title of the publication, title of the book/book chapter/journal/conference/etc., volume-issue-page number(s), date of publication.* |

1. **Patents (this table is expendable)**

|  |  |  |
| --- | --- | --- |
| 1 | Name of Inventors (all) |  |
| Name of Patentee |  |
| Title of Patent |  |
| Jurisdiction |  |
| Application Date |  |
| Application Status | Filed Granted  Rejected |
| 2 | Name of Inventors (all) |  |
| Name of Patentee |  |
| Title of Patent |  |
| Jurisdiction |  |
| Application Date |  |
| Application Status | Filed Granted  Rejected |

1. **Awards**

|  |
| --- |
|  |

1. **UM faculty member**

I have contacted the UM faculty member below.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Academic Unit | Faculty of Arts and Humanities  Faculty of Business Administration  Faculty of Education  Faculty of Health Sciences  Faculty of Law  Faculty of Social Sciences  Faculty of Science and Technology  Institute of Applied Physics and Materials Engineering  Institute of Chinese Medical Sciences/  State Key Laboratory of Quality Research in Chinese Medicine  State Key Laboratory of Analog and Mixed-Signal VLSI | | |

1. **declaration**

I declare that the information given in this form and my curriculum vitae is correct and complete to the best of my knowledge. I understand that if I willfully give false information or withhold any material information, University of Macau has every right to rescind any verbal/written offer of employment and I shall be liable to disciplinary actions, if applicable.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_