

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_