

Hong Kong Arthritis and Rheumatism Foundation

APLAR Congress Grant

The Hong Kong Arthritis and Rheumatism Foundation (HKARF) is inviting applications for four quotas annually for rheumatology professionals wishing to attend the APLAR Congress. The budget for each grant is HKD 10,000. Details of the application process are listed below:

1. The primary objective of the scholarship is to provide financial support to rheumatology professionals who plan to attend the APLAR Congress, thereby enhancing their insight into the better understanding and management of rheumatic diseases.
2. The amount of the grant available is as follows:
HKD 10,000 per application.
3. Applicants must be full-time professionals involved in rheumatology services. Trainees must be undertaking a supervised training programme under the Hong Kong College of Physicians. Fellows must be registered under the specialty of Rheumatology with the Medical Council of Hong Kong.
4. Applicants must submit registration confirmation for APLAR together with the application form.
5. Applicants must disclose offers of financial support from other sources, including those that are still under consideration. Candidates who have secured funding from other sources will not be considered for this grant.
6. Upon approval of the grant, the funds will be disbursed upon completion of attendance at the Congress. Attendance references at APLAR need to be submitted to the Secretariat upon the completion of the event.
7. Every application must comprise two copies of the following:
 - a. The completed application form
 - b. A brief curriculum vitae
 - c. Copies of relevant qualifications attained
 - d. Registration confirmation for APLAR (optional)
8. Applications should be submitted during the submission period **from 1st April to 30th June 2025** to:

Hong Kong Arthritis and Rheumatism Foundation

Re: APLAR Congress Grant 2025-2026

Flat 103-106, Nam Wai House, Nam Shan Estate, Shek Kip Mei, Kowloon

OR email: mail@hkarf.org

Application Form (APLAR Congress Grant)

(Please print)

1. Name: _____
(First name) (Last name)

In Chinese: _____

2. Age: _____

3. Corresponding address:

4. Mobile phone number: _____ Office telephone: _____

5. Email address: _____

6. Name and address of present employer:

7. Present and past job positions (in reverse chronological order, excluding internship):

Period work	Employer	Position	Place of
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Fellow of Hong Kong College of Physicians / Hong Kong Academy of Medicine registered under the specialty of Rheumatology

Yes No

9. Trainee of rheumatology under the Accreditation Board of Rheumatology / Immunology of Hong Kong College of Physicians

Yes No

If yes, please proceed to question 10.

10. Training institute and name of supervisor / trainer:

11. Do you apply or consider for any other sources of financial support for the Congress?

Yes No

If Yes, please give details.

Name of the supporting organisation: _____

Nature of support: _____

Amount of funding applied _____

12. Declaration

I declare that all information provided in this grant application is accurate and complete. I have read and agreed to the terms and conditions as mentioned in this application form. I shall respect the final decision of the HKARF.

Date : _____

Signature: _____

Name: _____

