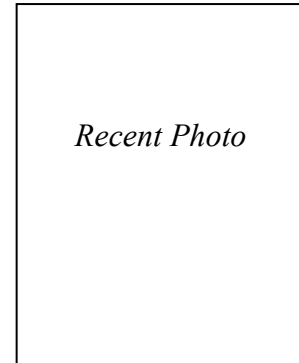


# Application form for 2023 Entry

## DTZ Postgraduate Scholarship

TWO copies of the completed application form (including all supporting documentation) should be returned by **31 January 2023** to:-

The DTZ Postgraduate Scholarship Committee  
c/o The Hong Kong Institute of Surveyors  
Room 1205, 12/F, Wing On Centre  
111 Connaught Road Central  
Sheung Wan  
Hong Kong



*Please complete application in BLOCK LETTERS or TYPE*

- 1 Surname: \_\_\_\_\_ Mr/Miss/Mrs/Dr/Other\* \_\_\_\_\_  
Other names: \_\_\_\_\_  
Name in Chinese (if applicable): \_\_\_\_\_
- 2 Place & Date of Birth: \_\_\_\_\_
- 3 Marital status: Single / Married \*
- 4 HKID Card no. \_\_\_\_\_
- 5 Membership no. \_\_\_\_\_ (HKIS) \_\_\_\_\_ (RPS)
- 6 Correspondence address: \_\_\_\_\_  
\_\_\_\_\_
- 7 Telephone/ Mobile no.: \_\_\_\_\_
- 8 E-mail address: \_\_\_\_\_
- 9 (a) Have you applied for entry in 2023 to a postgraduate degree programme overseas? Yes/No\*  
(b) If NO, by what date do you expect to have submitted your application? \_\_\_\_\_ / \_\_\_\_\_  
month/ year  
If YES, which University have you applied for?  
\_\_\_\_\_
- (c) Programme applied for (or to be applied for) at the University:  
(i) Degree (eg MSc, MA, LLM) \_\_\_\_\_  
(ii) Programme title \_\_\_\_\_  
(iii) Term of programme \_\_\_\_\_ year(s)

*\*Please delete as appropriate*

10 Professional qualifications obtained (please provide copies of diplomas)

Title of Qualification	Date of Award	Awarding Body

11 Education in chronological order (please provide copies of evidence)

University or other institution attended	Dates of attendance (full-time, part-time or external)	Degree or other qualification obtained	Class** of Honours (if any)	Subject	Date of conferment

12 Previous and present employment

Date (in chronological order)	Employer	Position	Nature of Employment

13 Referees

Give the names and addresses of two referees. The Scholarship Selection Committee will find it useful if both referees have a good knowledge of your professional background. Enclosed with this application form are two separate sheets on which referees are asked to provide a confidential statement in support of your application.

References should be received at the Secretariat Office of The Hong Kong Institute of Surveyors by 31 January 2023. Late submission without prior approval of the Selection Committee will not be accepted.

Name:	_____	Name:	_____
Position:	_____	Position:	_____
Address:	_____	Address:	_____
	_____		_____
Telephone:	_____	Telephone:	_____
Fax:	_____	Fax:	_____
Email:	_____	Email:	_____

14 Any other information in support of this application

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15 Declaration by applicant

I, \_\_\_\_\_ (name of applicant) declare that the statements made in this application are, to the best of my knowledge complete and accurate. Any false, untrue or half-true declarations will invalidate the application. I have read and fully understand the details and conditions of award of the Scholarships of which I am now applying. I understand and agree that my personal data will be used for the activities relating to the processing of the application.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

## NOTES TO APPLICANTS

- 1 Please note that eligibility of the postgraduate scholarships is limited to applicants intending to study full-time for a Masters degree at the universities overseas.
- 2 Completed form (in duplicate) should be returned to the Secretariat Office, The Hong Kong Institute of Surveyors, Room 1205, 12/F, Wing On Centre, 111 Connaught Road Central, Sheung Wan, Hong Kong by **31 January 2023**.
- 3 Please enclose with your application copies of degree certificates (if awarded) with transcripts of study and professional qualifications. Please do not send originals.

**CONFIDENTIAL – to be completed by the referee**

Name of applicant: \_\_\_\_\_  
(Full name in BLOCK CAPITALS)

Proposed programme of study \_\_\_\_\_

**Details of referee:**

Name: \_\_\_\_\_ Prof/Dr/Mr/Ms/Other\* \_\_\_\_\_  
(Full name in BLOCK CAPITALS)

Company: \_\_\_\_\_

Position held: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*\*Please delete as appropriate*