

CUHK School of Chinese Medicine

Research Assistant (Honorary) -Indication of Preference of Candidates

(Professor Sun Waizhu Academic Inheritance Programme)

Name of Candidate:

1. My expected involvement

(a) On weekly basis – please tick the sessions of week you may be available

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
PM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Frequency of attendance

Every week	Every two week	1-2 per month	Occasional/ irregular
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Other remarks

Note:

1. Clinical Schedule

- **Prof. Sun Waizhu** (Acupuncture); SCM- Fri AM. PWH-Tue AM & Thur AM

*The clinical schedule of the mentors is subject to change.

**** SCM- Fri AM is a must-attend session**