

提名表格 NOMINATION FORM

在填写提名表格前，请阅读以下注意事项 Please read the following notes before filling out the nomination form.

1. LANGUAGE

The nomination form must be completed in either Chinese or English. *If the nomination is made in English, a Chinese translation of Section Two – Part E “Summary of Major Achievements” and Section Three – Part A/B (II) “Reasons for Nomination” must be provided.*

2. SUBMISSION METHOD

The completed nomination form together with the relevant supporting documents (including the nominee’s resume in both Chinese and English and copies of credentials) must be submitted to the Award Secretariat via email and by mail before the deadline on or before **30 June 2025 (Monday)**. Documents sent by mail will be considered based on the date marked by the postal stamp, and any late submissions will not be considered.

STEP ONE: SUBMIT THE E-COPIES

- The nomination form and resume in both Chinese and English must be saved as MS WORD files.
- Copies of all the credentials (including but not limited to certificates/ appointment letters/ award certificates, etc.) must be combined into one PDF file.
- Please email the above files to the Award Secretariat at scm@hkbu.edu.hk.

STEP TWO: SUBMIT THE HARD COPIES

- If the nomination is made by an academic institution, the nomination form must **bear the signature of the head of the institution and the organisation chop**.
- If the nomination is made by scholars or by adjudicators/ previous awardees, the nomination form must bear signature of all the nominator(s).
- Please submit (i) the original nomination form, (ii) nominee’s resume in both Chinese and English and (iii) copies of all the credentials (no binding required) to the Award Secretariat by post or courier.

3. DOCUMENT HANDLING

Please do not send original proof of credentials. All nomination documents submitted will not be returned.

4. CONFIDENTIALITY

All information submitted will be kept in strict confidence and will only be used by HKBU School of Chinese Medicine and the Panel of Adjudicators for the purpose of selection for the Award recipients. Personal data will be handled in accordance with the Privacy Policy Statement and Personal Information Collection Statement of HKBU.

1. 填写语言

请用中文或英文填写本提名表格。若以英文填写，必须提供第二部份 E 项「主要成就摘要」及第三部份 A 或 B 部 II 项「提名原因」的中文翻译。

2. 递交方式

本提名表格及有关文件（包括候选人的中英文履历和资历证明文件副本），须在截止日期 **2025 年 6 月 30 日（星期一）** 或之前，以电邮和邮递方式交至奖项秘书处。邮寄递交的文件以邮戳上的日期为准，逾期提交的文件将不获考虑。

第一步：递交电子版本

- 提名表格和中英文履历须以 MS WORD 档案储存。
- 资历证明文件副本（包括但不限于证书／委任信／奖状等）须合并为一个 PDF 档案储存。
- 请将以上文档电邮至奖项秘书处 (scm@hkbu.edu.hk)。

第二步：递交提名表格正本和资历证明文件副本

- 如由学术机构提名，提名表格须具**机构最高首长签名和机构印章**。
- 如由学者联合提名或由评审委员／历届得奖人提名，提名表格须具所有提名人签名。
- 请将 (i) 提名表格正本、(ii) 候选人的中英文履历，以及 (iii) 资历证明文件副本（无需钉装）以邮寄或专递方式送交至奖项秘书处。

3. 文件处理

请勿递交资历证明文件的正本。所有提交的文件概不发还。

4. 资料保密

所有提交的资料将绝对保密，并只供香港浸会大学中医药学院及评审委员会用作甄选贡献奖得奖人之用。有关个人资料将根据香港浸会大学的《隐私政策声明及收集个人资料声明》处理。

提名表格 NOMINATION FORM

第一部份 SECTION ONE

候选人 Nominee	
候选人姓名 Nominee's Name	
工作机构/所属单位 Name of Institution / Work Affiliation	
提名人/提名机构 Nominator/Nominating Organisation	
请勾选以下其中一项类别 Please tick ✓ one of the following categories:	
	提名类别 Nominator/ Nominating Organisation's Name
<input type="checkbox"/>	机构提名* Nomination by Organisation*
	<p>* 注：</p> <ul style="list-style-type: none"> ● 中国内地的候选人必须由大学／研究院／研究所等学术机构、中国省部级以上相关部门或学会提名； ● 香港、澳门、台湾及海外候选人必须由大学或研究院／研究所等学术机构提名。 ● 每个机构／单位最多可提名三位候选人。 <p>* Remark:</p> <ul style="list-style-type: none"> ● Candidates from Mainland China shall be nominated by academic institutions, such as universities and research institutes, OR relevant departments/councils or academic societies at or above the provincial/ministerial level in Mainland China; ● Candidates from Hong Kong, Macao, Taiwan and overseas shall be nominated by academic institutions, such as universities and research institutes. ● Each organisation may nominate up to three candidates for the Award.
<input type="checkbox"/>	学者提名 Nomination By Scholars 候选人必须获得相关领域中最少三名正教授（或同等职级）的学者联合提名。 The nomination must be jointly made by at least three full professors (or scholars of equivalent rank) in relevant fields.
<input type="checkbox"/>	现届评审委员／历届得奖人提名 Nomination By Current Adjudicator / Previous Awardee

收集个人资料声明 Personal Information Collection Statement

香港浸会大学中医药学院根据大学的《私隐政策声明和收集个人资料声明》(<https://bupdpd.hkbu.edu.hk/policies-and-procedures/pps-pics/>) 收集及处理个人资料。此表格中提供的个人资料仅用于「张安德中医药国际贡献奖」及其相关目的。如欲查阅及／或要求更正经此表格所提交的个人资料，请以电邮方式（scm@hkbu.edu.hk）联系奖项秘书处。

The School of Chinese Medicine at Hong Kong Baptist University collects and handles personal data in accordance with the University's Privacy Policy Statement and Personal Information Collection Statement (<https://bupdpd.hkbu.edu.hk/policies-and-procedures/pps-pics/>). All the personal data provided in this form will only be used for the purpose of the Cheung On Tak International Award for Outstanding Contribution to Chinese Medicine and related purposes. For access to and/or request for correction of the personal data submitted via this form, please contact the Award Secretariat by email (scm@hkbu.edu.hk).

第二部份 SECTION TWO

(由候选人填写 To be completed by the Nominee)

A. 候选人资料 NOMINEE INFORMATION

个人资料	PERSONAL PARTICULARS
姓名 Name:	(中文 Chinese) _____ (姓 Last Name) (名 Given Names)
	(英文 English) _____ (姓 Last Name) (名 Given Names)
称谓 Title:	院士/教授/博士* 性别 Fellow / Prof / Dr * Sex: _____ 出生年份 Year of Birth: _____
国籍 Nationality:	原属国家 Country of Origin: _____
工作机构/所属单位 Name of Institution / Work Affiliation:	(中文 Chinese) _____ (英文 English) _____
职衔 Position:	个人网页 (如有) Personal Website (if any): _____
通讯地址 Correspondence Address:	(中文 Chinese) _____ (英文 English) _____
联络电话 Contact Phone:	(办公室 Office) _____ (手机 Cell Phone) _____
电邮 Email:	传真号码 Fax: _____

联络人资料	CONTACT PERSON INFORMATION
姓名 Name:	_____
工作机构/所属单位 Name of Institution / Work Affiliation:	_____
职衔 Position:	_____
联络电话 Contact Phone:	(办公室 Office) _____ (手机 Cell Phone) _____
电邮 Email:	传真号码 Fax: _____

* 请删去不适用者 Please delete as appropriate

B. 学历与专业资格 ACADEMIC & PROFESSIONAL QUALIFICATIONS

学历 Academic Qualifications: (请按颁授日期顺序列出 Please provide information in chronological order)

院校名称 Name of Institution	获取学历 Qualification Attained	主修科目 Major	颁授日期 Conferment Date (DD/MM/YY)

专业资格 Professional Qualifications: (请按颁授日期顺序列出 Please provide information in chronological order)

机构名称 Name of Academy / Association / Professional Institution	专业资格 Professional Qualification	专业资格简称 Qualification Abbreviation	颁授日期 Conferment Date (DD/MM/YY)

C. 研究范畴 RESEARCH AREAS

专业领域与研究专长 Professional Expertise and Research Specialties.

D. 主要成就 MAJOR ACHIEVEMENTS

推动中医药国际化或在中医药研究领域取得具突破性获国际认可的成就。A description of the groundbreaking achievements in advancing the internationalisation of Chinese medicine, or breakthrough and internationally recognised achievements in Chinese medicine research.

E. 主要成就摘要 SUMMARY OF MAJOR ACHIEVEMENTS

请以不超过 600 字概述 D 项所述的主要成就。Please give a summary of the major achievements set out in Part D above in no more than 600 words. **(FOR A NOMINATION MADE IN ENGLISH, A CHINESE TRANSLATION OF THIS SUMMARY MUST BE PROVIDED)**

F. 其他资料 OTHER INFORMATION

请提供其他与奖项提名相关的资料（如适用）Please provide any other information relevant to the nomination (if deemed necessary)

G. 声明 DECLARATION

1. 本人谨此声明，就本人所知，此提名表格内所填报的资料及所附文件中的资料属正确无误。
I hereby declare that the information provided in this nomination form and the submitted documents is accurate to the best of my knowledge.
2. 本人明白在此表格上所填报之资料，评审委员会及其他特邀专家学者将用作甄选得奖人之用，以及方便奖项秘书处与本人联络。
I understand that the information provided in this form will be used by the Panel of Adjudicators and invited scholars and experts for the purpose of selecting the Award recipient, and for further contact by the Award Secretariat.
3. 本人同意遵守贡献奖的规则及此表格内所列的规定，并明白假如本人的提名文件并未依照表格内所列明的规定填报及提交，或提供的资料错误、失实或不全，本人的提名将可能被作废。
I agree to abide by the Award regulations and the rules stipulated in this nomination form. I understand that my nomination may be disqualified if it does not comply with the said rules or any of the information provided for this nomination is false, inaccurate or incomplete.
4. 本人愿意应奖项秘书处的要求（如有需要）提供进一步资料、身份及／或资历证明的正本，以供甄选得奖人之用。
I am prepared to provide further information, proof of identity and/or credentials for the purpose of selection of the Award recipients if and when requested by the Award Secretariat.
5. 如本人获颁贡献奖，本人承诺会参加由香港浸会大学及其中医药学院，以及其授权的机构或代理人所举办的颁奖典礼、访问及相关教育活动。
In the event that I am selected as an awardee, I undertake to attend the award presentation ceremony, interviews and related educational activities organised by Hong Kong Baptist University and its School of Chinese Medicine, and any organisation or agent authorised by the University and the School.
6. 如本人获奖，本人同意香港浸会大学及其中医药学院使用、分发、发布、印制及／或复制刊载于此表格，以及由于是次提名所收集到有关本人的资料，作奖项宣传或公示监督之用。
In the event that I am selected as an awardee, I hereby give permission to Hong Kong Baptist University and its School of Chinese Medicine to use, distribute, promulgate, print and/or duplicate the information provided in this nomination form, and any other information pertaining to me collected as a result of this nomination, for publicity of the Award or public scrutiny purposes.
7. 本人已阅读及明白此表格的收集个人资料声明。
I have read and understood the Personal Information Collection Statement of this nomination form.

候选人姓名 Name of Nominee

--

签署 Signature

--

日期 Date

--

第三部份 SECTION THREE

提名入／机构资料 NOMINATOR/NOMINATING ORGANISATION'S PARTICULARS

(由提名入／机构填写 To be completed by the Nominator/ Nominating Organisation)

如由大学或研究院等学术机构、中国省部级以上相关部门或学会提名 Nomination by academic institutions such as universities and research institutes, OR relevant departments/councils or academic societies at or above the provincial/ministerial level in Mainland China.	请只填写 A 部 Please complete Part A only.
如由学者提名，候选人必须获得与其相关领域中 <u>最少三名</u> 正教授职级（或同等职级）的学者联合提名 Nomination must be jointly made by <u>at least three</u> full professors (or scholars of equivalent rank) in relevant fields.	请只填写 B 部 Please complete Part B only.
如由评审委员或历届得奖人提名，每位评审委员／历届得奖人最多可提名 <u>一位</u> 候选人。 Each adjudicator/ previous awardee shall nominate up to <u>one</u> candidate for the Award.	

A部 Part A

I. 提名机构资料 PARTICULARS OF THE NOMINATING ORGANISATION

机构名称 Name of Organisation:	(中文 Chinese)		
	(英文 English)		
机构首长姓名 Head of Organisation:	(中文 Chinese)		
	(英文 English)		
	(姓 Last Name)	(名 Given Names)	
称谓 Title:	院士 / 教授 / 博士 / 先生 / 女士 / 小姐 Fellow / Professor / Dr / Mr / Mrs / Ms / Miss *	职衔 Position:	
与候选人关系 Relationship with Nominee:		机构网址 Website:	

联络人资料 CONTACT PERSON INFORMATION

姓名 Name:		职衔 Position:	
通讯地址 Correspondence Address:	(中文 Chinese)		
	(英文 English)		
联络电话 Contact Phone:	(办公室 Office)	(手机 Cell Phone)	
		传真号码 Fax:	
电邮 Email:			

* 请删去不适用者 Please delete as appropriate

II. 提名原因 REASONS FOR NOMINATION

请以不超过600字简述提名原因，内容必须列举候选人所具备的条件。Please state the reasons for nomination by addressing the selection criteria in no more than 600 words. **(FOR A NOMINATION MADE IN ENGLISH, A CHINESE TRANSLATION OF THIS SUMMARY MUST BE PROVIDED)**

III. 提名机构声明 Nominating Organisation's Declaration

1. 本机构谨此声明，就本机构所知，此提名表格内所填报的资料及所附文件中的资料属正确无误。
We hereby declare that the information provided in this nomination form and the submitted documents is accurate to the best of our knowledge.
2. 本机构明白在此表格上所填报之资料，评审委员会及其他特邀专家学者将用作甄选得奖人之用。
We understand that the information provided in this form will be used by the Panel of Adjudicators and invited scholars and experts for the purpose of selecting the Award recipient.
3. 本机构同意遵守贡献奖的规则及此表格内所列的规定，并明白假如本机构的提名文件并未依照表格内所列明的规定填报及提交，或提供的资料错误、失实或不全，本机构的提名将可能被作废。
We agree to abide by the Award regulations and the rules stipulated in this nomination form. We understand that the nomination may be disqualified if it does not comply with the said rules or any of the information provided for this nomination is false, inaccurate or incomplete.
4. 本机构愿意应奖项秘书处的要求 (如有需要) 提供进一步资料，以供甄选得奖人之用。
We are prepared to provide further information for the purpose of selection of the Award recipients if and when requested by the Award Secretariat
5. 如候选人获奖，本机构同意香港浸会大学及其中医药学院使用、分发、发布、印制及／或复制刊载于此表格，以及由于是次提名所收集到的相关资料，作奖项宣传或公示监督之用。
In the event that the nominee is selected as an awardee, we hereby give permission to Hong Kong Baptist University and its School of Chinese Medicine to use, distribute, promulgate, print and/or duplicate the information provided in this nomination form, and any other information collected as a result of this nomination, for publicity of the Award or public scrutiny purposes.
6. 本机构已阅读及明白此表格的收集个人资料声明。
We have read and understood the Personal Information Collection Statement of this nomination form.

IV. 提名机构签署及盖印 **Signature of Nominating Organisation and Chop**

机构名称 Name of Organisation:

机构首长姓名 Name of Head of Organisation:

职衔 Position:

签署及机构印章 Organisation Chop

日期 Date: _____

※此表格必须由提名机构首长签署及盖印核实，否则将不获处理。
This form must be signed and stamped by the head of the nominating organisation for verification, otherwise it will not be processed.

B 部 Part B

学者／评审委员／历届得奖人提名

NOMINATION BY SCHOLARS/ ADJUDICATORS/ PREVIOUS AWARDEES

- ☐ 如由学者提名，候选人必须获得与其相关领域中最少三名正教授职级（或同等职级）的学者联合提名 Nomination must be jointly made by at least three full professors (or scholars of equivalent rank) in relevant fields.
- ☐ 如由评审委员／历届得奖人提名，每位最多可提名一位候选人。Each adjudicator/ previous awardee shall nominate up to one candidate for the Award.
- ☐ 评审委员 Adjudicator* ☐ 历届得奖人 Previous awardee*

* 请勾选适用者 Please tick the box as appropriate

I. 提名人资料 PARTICULARS OF THE NOMINATORS

提名人（一）Nominator (1)

称谓	<input type="checkbox"/> 院士Fellow / <input type="checkbox"/> 教授Professor	
(中文姓名 Chinese Name)	Title*: 其他 _____	
(英文姓名 English Name)	_____	
工作机构／所属单位名称	(中文 Chinese)	_____
Name of Institution /		
Work Affiliation:	(英文 English)	_____
职衔	与候选人的关系	
Position:	Relationship with Nominee:	_____
邮寄地址	(中文 Chinese)	_____
Postal Address:	(英文 English)	_____
联络电话		
Contact Phone:	(办公室 Office)	(手机 Cell Phone)
电邮		传真号码
Email:		Fax: _____

提名人（二）Nominator (2)

称谓	<input type="checkbox"/> 院士Fellow / <input type="checkbox"/> 教授Professor	
(中文姓名 Chinese Name)	Title*: 其他 _____	
(英文姓名 English Name)	_____	
工作机构／所属单位名称	(中文 Chinese)	_____
Name of Institution /		
Work Affiliation:	(英文 English)	_____
职衔	与候选人的关系	
Position:	Relationship with Nominee:	_____
邮寄地址	(中文 Chinese)	_____
Postal Address:		

(英文 English) _____

联系电话
Contact Phone: (办公室 Office) _____ (手机 Cell Phone) _____
电邮
Email: _____ 传真号码
Fax: _____

提名人 (三) Nominator (3)

(中文姓名 Chinese Name) _____ 称谓 ☐ 院士Fellow / ☐ 教授Professor
Title*: 其他 _____

(英文姓名 English Name) _____

工作机构/所属单位名称 (中文 Chinese) _____
Name of Institution /
Work Affiliation: (英文 English) _____

职衔
Position: _____ 与候选人的关系
Relationship with Nominee: _____

邮寄地址 (中文 Chinese) _____
Postal Address: (英文 English) _____

联系电话
Contact Phone: (办公室 Office) _____ (手机 Cell Phone) _____
电邮
Email: _____ 传真号码
Fax: _____

II. 提名原因 REASONS FOR NOMINATION

请以不超过600字简述提名原因，内容必须列举候选人所具备的条件。Please state the reasons for nomination by addressing the selection criteria in **no more than 600 words**. (FOR A NOMINATION MADE IN ENGLISH, A CHINESE TRANSLATION OF THIS SUMMARY MUST BE PROVIDED)

III. 提名人声明 Nominator's Declaration

1. 本人／我们谨此确认提名表格所列之提名原因获相关／所有提名人士一致同意。
I/ We hereby confirm that I/ we agree to the reasons for nomination stated in the nomination form.
2. 本人／我们谨此声明，就本人／我们所知，此提名表格内所填报的资料及所附文件中的资料属正确无误。
I/ We hereby declare that the information provided in this nomination form and the submitted documents is accurate to the best of my/our knowledge.
3. 本人／我们明白在此表格上所填报之资料，评审委员会及其他特邀专家学者将用作甄选得奖人之用。
I/ We understand that the information provided in this form will be used by the Panel of Adjudicators and invited scholars and experts for the purpose of selecting the Award recipient.
4. 本人／我们同意遵守贡献奖的规则及此表格内所列的规定，并明白假如本人／我们的提名文件并未依照表格内所列明的规定填报及提交，或提供的资料错误、失实或不全，本人／我们的提名将可能被作废。
I/ We agree to abide by the Award regulations and the rules stipulated in this nomination form. I/ We understand my/our nomination may be disqualified if it does not comply with the said rules or any of the information provided for this nomination is false, inaccurate or incomplete.
5. 本人／我们愿意应奖项秘书处的要求(如需要)提供进一步资料，以供甄选得奖人之用。
I am / We are prepared to provide further information for the purpose of selection of the Award recipients if and when requested by the Award Secretariat.
6. 如候选人获奖，本人／我们同意香港浸会大学及其中医药学院使用、分发、发布、印制及／或复制刊载于此表格，以及由于是次提名所收集到的相关资料，作奖项宣传或公示监督之用。
In the event that the nominee is selected as an awardee, I/ We hereby give permission to Hong Kong Baptist University and its School of Chinese Medicine to use, distribute, promulgate, print and/or duplicate the information provided in this nomination form and any other information collected as a result of this nomination, for publicity of the Award or public scrutiny purposes.
7. 本人／我们已阅读及明白此表格的收集个人资料声明。
I/ We have read and understood the Personal Information Collection Statement of this nomination form.

IV. 提名人签署 Signature of Nominators

	提名人姓名 Name of Nominator	签署 Signature	日期 Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

提名文件递交清单 SUBMISSION CHECKLIST

在递交提名表格前，请确保已提供下列所有文件。资料不全或逾期递交之提名恕不受理。

Please ensure all of the following documents are ready before submission. Incomplete nomination form or submission received after the deadline will not be accepted.

<input type="checkbox"/> 提名表格（第一部份） Completed nomination form (Section One)
<input type="checkbox"/> 提名表格（第二部份） Completed nomination form (Section Two) (由候选人填写并签署 Filled out and signed by the nominee)
<input type="checkbox"/> 提名表格（第三部份A或B部） Completed nomination form (Section Three – Part A OR Part B) (由提名人／机构填写并签署 Filled out by the nominator(s)/nominating organisation)
<input type="checkbox"/> 候选人履历 (中文及英文) 及其他证明文件副本 Nominee's resume (Chinese and English) and copies of credentials

递交格式及方法 Format and Way of Submission

	电子版本 Electronic Copy		列印版本 Hard Copy
档案格式 Format	MS WORD 档案 MS WORD file	扫描版本（PDF 档案） Scanned copies in PDF file	具签名正本 Original with signature(s)
递交方法 Way of submission	电邮提交 By email	电邮提交 By email	邮寄或专递提交 By post or courier
提名表格 Nomination Form	✓ 无须盖章和签名 Organisation chop and signature not required	✓	✓
		须具备有关指定人士的签名及提名机构的印章 (如适用) Must be signed by all designated persons and affixed with the nominating organisation's chop (if applicable)	
候选人履历 (中文及英文) Nominee's resume (Chinese and English)	✓	✓	✓
其他资历证明文件副本 包括但不限于证书/ 奖状/ 委任信等 Copies of credentials, including but not limited to certificates/ award certificates/ letters of appointment or acknowledgement, etc.	N/A	✓ 合并为一个 PDF 档案 Merged in one PDF file	✓ 影印本 Photocopies