**THE UNIVERSITY OF HONG KONG**

SELECTION COMMITTEE

FOR PROFESSIONAL SERVICES STAFF (BANDS A TO F)

Post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Band and sub-group: \_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job ref.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Selection Committee’s recommendation

 The Committee interviewed the following candidates on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

 ☐ (a) **AGREED NOT** to make an appointment.

 ☐ (b) **AGREED** to appoint the following candidate(s):

|  |  |  |
| --- | --- | --- |
| **Candidate** | **Selected for appointment** | **Reserved/ Priority (if any)** |
|  | Yes/No\* |  |
|  | Yes/No\* |  |
|  | Yes/No\* |  |

\*Please delete as appropriate.

Justifications for the recommendation(s):

1. Declaration of conflict of interest

In connection with the University’s Guidelines on Conflict of Interest, we hereby declare whether we have any actual, potential or perceived conflict of interest in the process:

|  |  |
| --- | --- |
| ☐ | No |
| ☐  | Yes, and the association/relationship and remedial action(s) are set out below: |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Members** [a minimum of 2] | **Name (Post/ Department)** | **Signature** |
| The Head of the department, or his/her designate (Chairman) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date |
| One member who is familiar with the knowledge and skills required to perform the functions of the vacant post, nominated by the Head of the department***For appointments on Band F:***One additional staff member from either within or outside the department or from stakeholder group (i.e. a total of **3** members) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date |

1. Approval and comment by the Head/Director of Department/Office

☐ I approve the Selection Committee’s recommendation

☐ I do not approve the Selection Committee’s recommendation and my reasons are set out below:

|  |  |  |
| --- | --- | --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |