

**The Institute of Clinical Simulation  
The Hong Kong College of Anaesthesiologists**

**Simulation-Based Patient Safety Course 2011**

*Application Form*

**Particulars of applicant:**

Name (English): \_\_\_\_\_ Name (Chinese): \_\_\_\_\_  
(Title) (Surname) (Name)

Hospital (Current): \_\_\_\_\_ Rank: \_\_\_\_\_

Contact Tel: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

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

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

Working Specialty: \_\_\_\_\_ Experience: \_\_\_\_\_ years

Registering for the following Simulation-Based Patient Safety Course: (please ✓)

10 September 2011	<input type="checkbox"/>
15 October 2011	<input type="checkbox"/>
12 November 2011	<input type="checkbox"/>

10 December 2011	<input type="checkbox"/>
7 January 2012	<input type="checkbox"/>
4 February 2012	<input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the complete form to:

The Institute of Clinical Simulation c/o  
Department of Anaesthesia & Operating Theatre  
North District Hospital  
9 Po Kin Road  
Sheung Shui  
NT

Registrations will base on first come first served basis and successful applicant will be noticed by phone or via email two weeks before course commence.