

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

Safe Sedation Course 2011-2012

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 Safe Sedation Course: (please ✓)

13 August 2011	
17 September 2011	
22 October 2011	

17 December 2011	
14 January 2012	
18 February 2012	

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.