

**The Institute of Clinical Simulation
North District Hospital**

Hospital Authority Commissioned Training Program
Enhancing Safety in Sedation Workshop for HA Staff 2012-2013

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 for Doctors: (please ✓)

7 July 2012	
25 August 2012	
8 September 2012	

10 November 2012	
8 December 2012	
5 January 2013	

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

Registration will be based on a first-come-first-served basis and successful applicant will be noticed by phone or via email two weeks before course commence.