

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

Hospital Authority Commissioned Training Program 2012

Team-based Simulation Patient Safety Course

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 Team-Based Simulation Patient Safety Course: (please ✓)

| | |
|-----------------|--|
| 11 August 2012 | |
| 27 October 2012 | |
| 1 December 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

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.