

Clinical Simulation Committee
The Hong Kong College of Anaesthesiologists
CSC Faculty Enhancement Sponsorship –Application Form

A. Particulars of applicant:

Name (English): _____ Name (Chinese): _____

Hospital (Current): _____ Rank: _____

Contact Tel: _____ Contact Fax: _____

E-mail Address: _____

Postal Address: _____

B. Status of Eligibility (please ✓ if applicable):

HKCA Fellow HKCA Member CSC nurse instructor

C. Sponsor of the Training course / Conference in details:

Name of the course / conference: _____

Date / Duration: _____

Country / Venue: _____

Course relevance / Purpose: _____

D. Proposed budget:

1. Registration Fee HK\$ _____

2. Economy Air Ticket Fare HK\$ _____

3. Accommodation subsidy No. of nights: _____ HK\$ _____

E. Teaching experiences in HKCA / CSC instructed in past 2 years

No	Name of the course	Date of the course	No. of Session / Hours

Applicant's Signature: _____

Date: _____

Registration: Please return the completed registration form together with Curriculum Vitae includes teaching /instructorship history of the courses or workshops organized by HKCA / CSC to:

Miss Pinky Tsui via email:simulation@hkca.edu.hk by post:

Clinical Simulation Committee

Room 807, Hong Kong Academy of Medicine Building

99 Wong Chuk Hang Road

Aberdeen, Hong Kong

Enquiry: 2871 8833