

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

A. Particulars of applicant:

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

(Title) (Surname, first)

Hospital (Current): _____ Rank: _____

Contact Tel: _____ Contact Fax: _____

Mail Address: _____

E-mail 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. Air Ticket Fare HK\$ _____

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

E. Teaching experiences in CSC for the previous 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 the course program/content to:

Miss Pinky Tsui via email: ntecstc-anaes@ha.org.hk OR by post to:

Clinical Simulation Committee
 NTE Simulation & Training Centre
 Ward 3E, North District Hospital
 9 Po Kin Road,
 Enquiry: 26838343