

**Clinical Simulation Committee**  
**The Hong Kong College of Anaesthesiologists**  
**CSC Instructor 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

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

Name of the course / conference: \_\_\_\_\_

Date / Duration: \_\_\_\_\_

Country / Venue: \_\_\_\_\_

**D. Course Fee: (attached with Certificate and Receipt)**

1.  Comprehensive Simulation Educator Course HK\$ \_\_\_\_\_

2.  Debriefing Skills for Simulation Instructor Course HK\$ \_\_\_\_\_

**E. Teaching experiences in CSC over the following 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](mailto: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