

**Clinical Simulation Committee**  
**The Hong Kong College of Anaesthesiologists**  
**CSC Faculty 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 HKCA / CAC 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 OR by post to:

The Hong Kong College of Anaesthesiologists

Room 807, Hong Kong Academy of Medicine Building  
99 Wong Chuk Hang Road  
Aberdeen, Hong Kong