

Clinical Simulation Committee
The Hong Kong College of Anaesthesiologists
CSC Instructor Course 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 Provisional Fellow

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

Name of the course / conference: _____

Date / Duration: _____

Country / Venue: _____

D. Course Fee:

1. Comprehensive Simulation Educator Course HK\$ _____
2. Debriefing Skills for Simulation Instructor Course HK\$ _____

Applicant's Signature: _____ **Date:** _____

Registration: Please return the completed registration form together with the course program/content 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

Enquiry: 2871 8833