

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, Firstname)		
Hospital (Current):	_____	Rank:	_____
Contact Tel:	_____		
E-mail Address:	_____		
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	<input type="checkbox"/> HK\$	_____
2. Air Ticket Fare	<input type="checkbox"/> HK\$	_____
3. Accommodation Subsidy	<input type="checkbox"/> 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:** _____

Application

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

Email: simulation@hkca.edu.hk

Enquiry: 2871 8833