

**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 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:

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