

Clinical Simulation Committee
The Hong Kong College of Anaesthesiologists
CSC Instructor Course Sponsorship –Application Form

A. Particulars of applicant:

Name (English): _____ (Title) (Surname, Firstname)	Name (Chinese): _____
Hospital (Current): _____	Rank: _____
Contact Tel: _____	
E-mail Address: _____	
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. | <input type="checkbox"/> Comprehensive Simulation Educator Course | HK\$ | _____ |
| 2. | <input type="checkbox"/> Debriefing Skills for Simulation Instructor Course | HK\$ | _____ |

Applicant's Signature: _____	Date: _____
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Application

Please return the completed application form together with the course program/content to:

Email: simulation@hkca.edu.hk

Enquiry: 2871 8833