

**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, Firstname)

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:** \_\_\_\_\_

**Application**

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

Email: [simulation@hkca.edu.hk](mailto:simulation@hkca.edu.hk)

Enquiry: 2871 8833