**Application Form for “Simulation Training Workshop for Junior Doctors” 2018**

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| **Two identical classes** |
| **Date:** | *Class A* 8 September 2018 (Saturday)  | *Class B* 29 December 2018 (Saturday) |
| **Time:** | 2:00 - 6:00 PM |
| **Venue:** | A&E Training Centre3/F Tang Shiu Kin Hospital Community Ambulatory Care Centre282 Queen's Road East, Wan Chai |

Name (English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name (Chinese) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Year of graduation \_\_\_\_\_\_\_\_\_\_\_
Year of commencement of Basic Physician Training \_\_\_\_\_\_\_\_\_\_\_

Year of clinical experience \_\_\_\_\_\_\_\_\_\_\_

Previous attendance of simulation based training: [ ] YES [ ] NO
Contact telephone no. (Preferably mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training date preferred (8 Sep / 29 Dec) 1st choice: Choose an item.

 2nd choice: Choose an item.