**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 Centre 3/F Tang Shiu Kin Hospital Community Ambulatory Care Centre 282 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.