Brain Death & Donor Awareness Program
Application Form

Applicant Information	
Name:	
Title:	Rank:
Department:	Institution:
Contact Phone:	E-mail:
Working experience related to brain death patients (could choose more than one): ❒Nil or minimal experience ❒Part of Clinical Duty ❒Many years of experience ❒ Other: Please Specify _____	

Date (one whole day)
❒ Nurses Course: 9 January 2012 (Monday)
❒ Doctors Course: 10 January 2012 (Tuesday)

Training Status		
❒ Current CICM Trainee		
❒ Current HKCA ICM Trainee	❒Current HKCP CCM Trainee	
❒ Full Time ICU doctor	❒ Full Time ICU Nurse	❒ Transplant Coordinator
❒ Other Specialty: Please Specify _____		

Form Return & Deadline
Please return the completed form before***14 December 2011*** by fax29901445 Information or enquiry about application: - For Doctors, contact Dr Eunise HO, (AC, ICU, PMH/YCH) by e-mail hws421@ha.org.hk - For Nurses, contact Ms Mak W L, (DOM, ICU, PMH/YCH) by e-mail makwl1@ha.org.hk
Training Notes: 1. Successful applicants will be notified 2 weeks before the beginning of the course. 2. Pre-training material, including a pre-test, will be distributed and the pre-test is expected to be completed before the start of the course.
I am applying for training of Brain Death & Donor Awareness Program and have read the notes above.

Signature:	**Date:**