The Institute of Clinical Simulation
The Hong Kong College of Anaesthesiologists

Hong Kong Simulation Instructors' Course 2012

Application Form

Particulars of applicant:

Name (English): _____ Name (Chinese): _____

(Title) (Surname) (Name)

Hospital (Current): _____ Rank: _____

Contact Tel: _____ Contact Fax: _____

Mail Address: _____

E-mail address: _____

Working Specialty: _____ Experience: _____years

Status with HKCA (please ✓): Fellow □ Member □

Course fee (please ✓):

Doctors who are HKCA / ICS Instructors	(HK$6000)	□
Doctors who are non-HKCA / non-ICS Instructors	(HK$8000)	□
Nurse/Allied Health	(HK$4000)	□

Please select the dates of the course you are interested in by putting a tick ✓in the box and answer the following question.

28 July and 29 July 2012		30 July and 31 July 2012	

Q: Please indicate what courses you are currently instructing in.

A: _____

Cheque no: _____

Signature: _____ Date: _____

Please return the complete form together with a crossed cheque made payable to "***The Hong Kong College of Anaesthesiologists***" 3 weeks before scheduled workshop to:

The Institute of Clinical Simulation c/o
Department of Anaestheisa & Operating Theatre
North District Hospital
9 Po Kin Road
Sheung Shui
NT

Registration will be based on a first-come-first-served basis and successful applicant will be noticed by phone or via email two weeks before course commence. Full refund 7 days before commencement of the workshop with written request. No refund will be granted after the commencement of the workshop.