

**Hong Kong College of Paediatricians
Accreditation Committee
Application for Training Interruption**

(Please read the instructions on the next page)

(delete as appropriate)*

Your name	
Your hospital	
Name of your Department Training Supervisor	
Training History	
Current training	<input type="checkbox"/> Basic / <input type="checkbox"/> Higher
Basic Training from (date)	
Higher Training from (date)	
Training Interruption	
Training interruption period	From: To:
Total duration of interruption (days)	
Reason of interruption	
List any paediatric/medical related activities during the period of interruption (if applicable)	
Do you intend to resume Paediatric training after the interruption?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Please list dates and duration of any other leave (sick leave / no-pay leave / other interruptions) you have taken during your basic or higher training other than the interruption period under application Annual and study leaves within your entitlement need <u>not</u> be listed. Write on additional sheets if necessary. Please attach a leave record of your basic / higher training period from your hospital.	

I hereby declare the information provided is accurate.

Signature of applicant: _____

Endorsed by Department Training Supervisor: _____

Date of application: _____

Instructions:

- (1) Any interruption that may add up to exceed the allowance of 84 days during a training period should be applied with the Accreditation Committee. Please note that annual leaves and study leaves within your entitlement are not counted toward the 84-day allowance.*
- (2) A trainee should apply for prior approval of any foreseeable interruption of basic or higher training. If an interruption is not foreseeable, application should be made at the earliest time possible.*
- (3) Processing of an application may take more than three months.*
- (4) One application form is for one period of interruption only. If you need to apply for more than one interruption, please use separate application forms.*
- (5) Please attach your leave record from your hospital with this application*
- (6) The Training Supervisor of your department should endorse your application by signing this application form.*
- (7) Please send the form to the College Secretariat, Hong Kong College of Paediatricians, by e-mail to candy.kwok@paediatrician.org.hk or by post to Room 801, HK Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.*

Cut-off dates for the Application of Training Interruption

<i>AC meeting</i>	<i>Deadline for Application with the complete set of application documents</i>
<i>February</i>	<i>1 December</i>
<i>May</i>	<i>1 March</i>
<i>August</i>	<i>1 June</i>
<i>November</i>	<i>1 September</i>

Applications received after this deadline will be deferred to the next scheduled meeting.