



Hong Kong College of Paediatricians
香港兒科醫學院



14 March, 2016

Dear Colleagues,

The Hong Kong College of Paediatricians is going to run the 2016-17 Specialist Training Course in Paediatrics from 22 April 2016 to 10 February 2017.

As for the 2016-2017 Course, we shall have 21 clinical bedside teaching sessions as a basic scheme plus 5 sessions of Communication Skills and Ethics & Consultation and Management Planning teachings. All teaching sessions shall be conducted on Fridays by the Departments of Paediatrics and Adolescent Medicine of various hospitals.

For those who are interested in attending the Course please kindly fill in the application form and mail it back to our College together with the cheque to the following address **before 1 April 2016 (Friday)**.

Ms Lily Lin
College Secretariat
The Hong Kong College of Paediatricians
Room 801, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road,
Aberdeen, Hong Kong

We look forward to seeing you at the course.

Sincerely,

KP Lee
Coordinator
Specialist Training Course in Paediatrics
Education Committee

Enclosure: Application form for the 2016-17 Specialist Training Course in Paediatrics



Application form
2016-17 Specialist Training Course in Paediatrics

To: Ms Lily Lin
College Secretariat
The Hong Kong College of Paediatricians

Dear Ms Lin,

I would like to register for the 2016-17 Specialist Training Course in Paediatrics.

Name: _____ Hospital/Unit: _____

Date of commencement of Paediatric Training: Year/Month _____

Mobile phone: _____ Email: _____

Have you passed the MRCPCH part II (written) examination:

Yes: When do you intend to sit for MRCPCH part II (**Clinical**)? _____

No: When do you intend to sit for MRCPCH part I/ part II# (**written**)? _____

Cheque payment made payable to **"Hong Kong College of Paediatricians"** enclosed.

Bank _____ Cheque no. _____

(Please note that a special processing fee will be levied for those who submit this application beyond deadline or fail to attach the cheque payment)

Signature: _____

Date: _____

Endorsed by

Name of Training Supervisor/COS#

Signature

#Delete where appropriate