Hong Kong College of Paediatricians Accreditation Committee Application for Training Interruption

(Please read the instructions on the next page)

(* delete as appropriate)

11 1 /			
Your name			
Your hospital			
Name of your Department			
Training Supervisor			
Training History			
Current training		☐ Basic /	☐ Higher
Basic Training from (date)			
Higher Training from (date)			
Training Interruption			
Training interruption period		From:	
		То:	
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		☐ Yes /	□ No
after the interruption?			
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:				
Dat	e of application:			
Inst	ructions:			
(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 lily.lin@paediatrician.org.hk or by post to Room 801,			
	HK Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road,			
	Aberdeen, Hong Kong.			
(For	· official use)			
App	lication received on:			
Acc	reditation Committee meeting date:			
Res	ult: Approved / Not approved (reason:)			
Esti	mated adjustment of training period: extend by days			