

**HONG KONG COLLEGE OF PAEDIATRICIANS
Accreditation Committee**

LOG SHEET FOR HIGHER TRAINING IN PAEDIATRICS

Name of trainee : _____

Department / Hospital : _____

Date of Entry into Higher Training Programme: _____

Training Period: From _____

to _____

(dd/mm/yy)

(dd/mm/yy)

Description of Activities (to be completed by the trainee):

Clinical (Special General Paediatrics or Subspecialty): _____

Supervisory: _____

Teaching: _____

Administrative: _____

Academic and scientific: _____

Research: _____

I hereby declare that the information submitted is accurate. I give my consent to the College writing directly to my supervisors and training authorities to obtain any other relevant information.

Trainee: _____
(Name) (Signature) (Date)

Confirmation of Log Sheets (to be completed by trainer):

I hereby verify that the above information is accurate.

Trainer: _____
(Name) (Signature) (Date)

(This form should be completed every six months or each rotation by the trainee and signed by the trainer. These log sheets should be returned to the Hong Kong College of Paediatricians when the trainee applies for exit assessment by the College.)