



Hong Kong College of Paediatricians
香港兒科醫學院



3 April, 2014

Dear Colleagues,

The Hong Kong College of Paediatricians is going to run the 2014-15 Specialist Training Course in Paediatrics from May 2014 to Feb 2015.

As for the 2014-2015 Course, we shall have 22 clinical bedside teaching sessions as a basic scheme plus 4 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 23 April 2014**.

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 2014-15 Specialist Training Course in Paediatrics



Application form
2014-15 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 2014-15 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#

#Delete where appropriate

Signature