



18 March, 2015

Dear Colleagues,

The Hong Kong College of Paediatricians is going to run the 2015-16 Specialist Training Course in Paediatrics from 24 April 2015 to 29 January 2016.

As for the 2015-2016 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 2015 (Wednesday)**.

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 2015-16 Specialist Training Course in Paediatrics



**Application form**  
**2015-16 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 2015-16 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