Date:

Dr xxxx

COS

Department of Paediatrics & Adolescent Medicine

xxxx

Dear Dr xxxx,

**Training Attachment in xxxx Module of Paediatric Neurology (PN) Subspecialty**

 Further to my previous phone communication with Dr. xxxx on the training arrangement for Dr. xxx, PN trainee in our department, I would like to confirm Dr. xx’s attachment to your Hospital for the captioned module. Details of the arrangement are as follows:

Name of Trainee: Dr. xxx

PN Module: xxxx

Period of training attachment: 1 July to 30 September 2015

 Dr. xx will attend the xxx Hospital Monday to Friday and he will be required to take up ward round and on call duties over the weekends. His maximum leave entitlement during the period will be the equivalence of a 3-month allocation out of a calendar year on a pro rata basis. Thank you for your kind consideration.

 Yours Sincerely,

 (Dr. xxx)

 PN Trainer

 Department of Paediatrics & Adolescent

 xxx Hospital

c.c. Dr. xxx, Cluster Training Director in PN,

 Dr. xxx, COS (Paed), Hospital (the involved departments)

 Dr. xxx, Trainee

 Kitty Ho, Secretary, HK College of Paediatricians

 Dr K T Liu, Chairman, PN Subspecialty Board