Hong Kong College of Paediatricians

Subspecialty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application for Training Interruption

## (Please read the instructions/procedures on P. 2)

(\* delete as appropriate)

|  |  |  |
| --- | --- | --- |
| **Your name** |  | |
| **Your hospital** |  | |
| **Name of your Department**  **Training Supervisor** |  | |
| **Training History** | | |
| Current training | |  Higher /  Subspecialty |
| Higher Training from (date) | |  |
| Commencement of Subspecialty Training | |  |
| **Training Interruption** | | |
| Training interruption period | | **From:**  **To:** |
| 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 the subspecialty training  after the interruption? | |  Yes /  No |
| Please list dates and duration of any other leave (sick leave / no-pay leave / other interruptions) you have taken during your Subspecialty training other than the interruption period under application Annual and study leaves within your entitlement need not be listed. Write on additional sheets if necessary. Please attach a leave record of your higher /subspecialty training period from your hospital. | |  |

# I hereby declare the information provided is accurate.

**Signature of applicant:**

**Endorsed by Subspecialty Trainer/Department of COS :**

**Date of application:**

## Instructions:

1. *Any interruption that may add up to exceed the allowance of 84 days during a training period should be applied with respective Subspecialty Board. Please note that annual leaves and study leaves within your entitlement are not counted toward the 84-day allowance.*
2. *A subspecialty trainee should apply for prior approval of any foreseeable interruption of subspecialty 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 two 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/COS 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 t*[*o kitty.ho@paediatrician.org.hk*](mailto:o%20kitty.ho@paediatrician.org.hk%20) *or by post to Room 801, HK Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.*

# (For official use)

**Application received on:**

**Chairperson of \_\_\_\_\_\_\_\_\_\_\_\_ Subspecialty Board endorsed on : \_\_\_\_\_\_\_**

**Result: Approved / Not approved (reason: ) Estimated adjustment of training period: extend by days**