LOG SHEET FOR HIGHER TRAINING IN PAEDIATRICS

Name of trainee :				
Department / Hospital :				
Date of Entry into Higher Training Programme:				
Training Period:	From	(dd/mm/yy)	to	(dd/mm/yy)
Description of Activities (to be completed by the trainee):				
Clinical (Special G	eneral Paediatrics or Su	bspecialty):		
Supervisory:				
Teaching:				
Administrative:				
Academic and scie	ntific			
Academic and sele	ittific.			
Research:				
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.)