

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	<input type="checkbox"/> Higher / <input type="checkbox"/> 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?	<input type="checkbox"/> Yes / <input type="checkbox"/> 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 <u>not</u> 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 to enquiry@paediatrician.org.hk 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