

Critical Care Medicine Foundation

Application form for subsidies to attend approved local courses/ conferences

Family name: _____ Given name _____

中文姓名: _____ Sex: _____ Age: _____

Title: Prof./ Dr./ Mr./ Ms. E mail: _____

Telephone (work): _____ Mobile number: _____

Department: _____ Institution: _____

Address: _____

Profession: Doctor Nurse Physiotherapist Occupational therapist

Medical student Nursing student Others (please specify):

Course / Conference: _____

Organizer (s): _____ Scheduled date (s): _____

Course/ Conference venue: _____ Course fee: _____

I hereby vouch for truthfulness of the information in this form and understand that any subsidies would be withdrawn in case of false information supplied

Date: _____ Signature: _____

Please send the completed application form via E-mail to the Secretary of HKSCCM (Dr. C W Lau, laucw3@ha.org.hk). In case acknowledgement not received within 5 working days, please re-send to backup HKSCCM council member (Dr. K C Chan , chankck@ha.org.hk)