



香 港 麻 醉 科 學 會

THE SOCIETY OF ANAESTHETISTS OF HONG KONG

**Sponsorship for Trainee Anaesthetic Course**  
**Application Form**

To: Dr Timmy Chan, Honorary Assistant Secretary, SAHK  
c/o Department of Anaesthesia, Queen Mary Hospital,  
102 Pokfulam Road, Hong Kong.

Name of Applicant:	
Sex : Male / Female	Email :
Tel: (Home)	(Office/Mobile)
Hospital Affiliation:	
Home Address:	
Professional Qualifications (with dates):	
Years of SAHK Membership :	From To
Name of Course:	
Venue of Course:	
Date of Course:	
Amount of Grant applied:	
Any other funding applied for or approved for the conference ( <i>If yes, please give details</i> ):	
Signature of Applicant:	
Date:	

**I certify that the applicant is an anaesthetic trainee of my department.**

Name of Supervisor of Training: \_\_\_\_\_

Signature of Supervisor of Training: \_\_\_\_\_

Date: \_\_\_\_\_