**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name in English:** | *(Name appeared on your ID Card)* |  | Photo |
| **Name in Chinese:***(if applicable)* |  |  |
| **Registration Year** |  |  |
| **Parent Training Centre:** |  |  |
| **Tentative Year for EEEM:**  |  |  |

**Period Intended for rotation** *(6 months, one to one rotation between departments) \**

|  |  |  |
| --- | --- | --- |
| **Starting Date**(day/month/year) | **Ending Date**(day/month/year) | **Remarks** |
| 1 July 2016 | 31 Dec 2016 |  |

*\*Mandatory for trainees registered on or after 1 July 2015*

*Optional for trainees registered before 1 July 2015*

**Preference of training centres\* in descending order of priority**

|  |  |  |
| --- | --- | --- |
|  | **Hospital** | **Reasons for panel’s consideration** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

*\*Refer to College website for most updated EM training centre list*

**Leave plan and requests during the rotation period (if known):**

|  |  |  |
| --- | --- | --- |
| **Starting Date**(day/month/year) | **Ending Date**(day/month/year) | **Remarks** |
|  |  |  |
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**Training plan during the rotation period (if known):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Starting Date**(day/month/year) | **Ending Date**(day/month/year) | **Conference / Workshop interested** | **Enrollment made (Y/N)** | **Request study leave (Y/N)** |
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| --- |
|  |
| Signature of trainee |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Training Supervisor |  | Signature of Chief of Service |
|  |  |  |
| Name of Training Supervisor |  | Name of Chief of Service |

*\*\*Application should be sent to Room 809, Hong Kong Academy of Medicine, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong by post or em-it@hkcem.org.hk by email*