



THE HONG KONG COLLEGE OF ANAESTHESIOLOGISTS

APPROVED VOCATIONAL TRAINING

YEAR 1 2 3 4 5 6 (Please circle)

Surname: _____

Given Names: _____

Hospital: _____

	From	To	Department
Non-anaesthetic clinical experience			
Clinical Anaesthesia			
Intensive Care			
Elective Options (Please give details)			

(Signature of Trainee)

Supervisor of Training:

Signature

Date

Dr./Prof. _____ Print