Certificate course of Infection Prevention and Control for Infection Control Professionals

2019

Course Duration
3 May to 1 June 2019 (Fridays & Saturdays)
*Exam will be held on 8 June (Sat) 0900-1200

Aim of this course
to equip healthcare personnel with up-to-date infection control knowledge to practice professionally

Special Features
1. Site Visit
   - CSSD
   - Endoscopy
   - Haemodialysis
   - Laundry
   - Catering

2. Simulation training
   - resuscitation of patients with highly infectious disease

Course Content
◇ Basic microbiology, epidemiology and outbreak investigation
◇ Surveillance, basic statistic and management skills
◇ Prevention and control of healthcare associated infections and implementation of patient-care-practices
◇ Managing Multi-Drug Resistant Organisms, emerging and re-emerging infectious diseases
◇ Occupational Safety and Health in infection control including staff vaccination and proper use of Personal Protective Equipment
◇ Infection control in special areas like ICU, endoscopy, haemodialysis unit

Application
Fees: HK$7,000
Special Rate of HK$6,500 for Early Bird Registration before 19 April 2019 and HKICNA members
Contact Person: Ms. Vivian Wong  Telephone: (852) 3702 4254  Email: ipccourse@cihe.edu.hk
Address: School of Health Sciences, Caritas Institute of Higher Education, 2 Chui Ling Lane, Tseung Kwan O, New Territories
2019 Certificate Course of Infection Prevention and Control for Infection Control Professionals

The personal data provided in this form will be used for processing your application for enrolment on the relevant course, by the administrative and academic departments concerned.

This form should be completed and returned together with the bank payment slip by
(i) post to School of Health Sciences, Caritas Institute of Higher Education, 2 Chui Ling Lane, Tseung Kwan O, New Territories
   (Attn: Ms Vivian Wong); OR
(ii) email to ipccourse@cihe.edu.hk

Enquiry should be directed to [for administrative matters] Ms Vivian Wong (Tel: 3702-4254; email: ipccourse@cihe.edu.hk)

1. PERSONAL INFORMATION

   (Please fill in your full name [surname first] in block letters, as in your HKID Card/passport.)

Dr/Mr/Mrs/Ms/Miss*

Name in Chinese characters (if any)

Address for correspondence:

Email address:

Tel No.:
   (Home)   (Office)   (Pager/Mobile Phone)   (Fax)

2. PRESENT OCCUPATION

   Current Position/ Department (Ward) ____________________________
   (________)

   Name and address of organization ____________________________

3. QUALIFICATIONS

4. COURSE ENROLMENT AND FEE PAYMENT METHOD

   I wish to enroll:

   □ Certificate Course (Fees: HK$7,000)
     [Course duration: 5 Fridays: (3/5, 10/5, 17/5, 24/5, 31/5) & 5 Saturdays: (4/5, 11/5, 18/5, 25/5, 1/6)
      & Exam to be held on 8/6 0900-1200]
     □ Early Bird Registration (Fees: HK$6,500)
     □ HKICNA member (Fees: HK$6,500) (please provide the proof of active membership)

   I would like to pay the course fee:

   □ by bank transfer
     Account name: Hong Kong Asia Pacific Society for Infection Control
     Bank Name: HSBC
     Account no.: 004-068-376243-001

   <<<Note: The course fee is non-refundable unless any special condition is approved.>>>

   Date: ____________________________ Signature: ____________________________

For official use only

   Bank: ____________________________ Reference No.: ____________________________