

HONG KONG ASSOCIATION OF CRITICAL CARE NURSES
香港危重病學護士協會
Guidelines on Sponsorship for Conference/Symposium by HKACCN

The sponsorship offered by the Hong Kong Association of Critical Care Nurses (HKACCN) is to provide partial funding to life and full members of the association for attending critical care conferences/Symposiums. Through the sponsorship, the association hopes to support its members in self-development and self-enrichment, thus enabling the professional advancement of critical care nursing in Hong Kong.

1. Selection criteria for sponsorship

- 1.1 Only life or full members of the HKACCN will be considered.
- 1.2 Applicants should not receive dual benefits for the same Conference/Symposium, i.e. should not have been sponsored by another Institution for the same conference/Symposium.
- 1.3 Applicants would not be eligible if sponsorship for another Conference/Symposium has already been granted by the HKACCN in the same calendar year.

Information regarding recommended conferences could be found in HKACCN Newsletter. Eligible personnel can contact the clerk of HKACCN for the form and submit to HKACCN for consideration.

2. Number of members to be sponsored

Usually one to three members will be offered sponsorship for each conference/Symposium. The HKACCN reserves all the rights in the selection of candidates. Applicants will be informed of the result individually.

3. Amount of funding to be granted

3.1 Ordinary participant:

- Place in Asia - HK \$1,500 / person
- Place outside Asia - HK \$3,000 / person

3.2 Speaker on behalf of HKACCN:

- Place in Asia - HK \$3,000 / person
- Place outside Asia - HK \$6,000 / person or whichever the less
(include registration fee, airfare and accommodation)

3.3 Annual meeting with World Federation of Critical Care Nurses (WFCCN)

The president and PDC Chair or their delegates would be sponsored.
(The full trip including airfare and accommodation will be included)

4. Post conference commitment

The sponsored member(s) is (are) expected to promote functions related to professional development of HKACCN and to participate in the yearly experience sharing session(s) which we offer to our members free in charge.



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Application for Sponsorship

A. detail of the Applicant

Name: _____

HKACCN membership number: _____

HKACCN member since: _____

Serving institution: _____

Post: _____

Working experience in critical care: _____

B. Detail of the Conference

Title of the conference: _____

Place of the conference: _____

Date of the conference: _____

Registration fee: _____

Action plan after attendance: _____

Signature of Applicant: _____

Date: _____

C. Approval Authority (For Official Use)

Reason for approval / not approval : _____

Other comments: _____

Council member 1

Council member 2

Council member 3

Name: _____

Name: _____

Name: _____

HKACCN No. _____

HKACCN No. _____

HKACCN No., _____

Signature: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Date: _____



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D. Application for Reimbursement of Training Sponsorship

(Please submit application to HKACCN within 3 weeks after the conference)

To: Approving Authority, HKACCN

I would like to apply for reimbursement of sponsorship amounted
HK\$ _____ for the conference / training:

Supporting documents attached:

1. _____
2. _____
3. _____
4. _____

Signature of the applicant: _____

Date: _____

-----For Office Use Only-----

E. Approving Authority

Council member 1

Council member 2

Name: _____

Name: _____

HKACCN number: _____

HKACCN number: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

F. Treasurer's Record

Applicant id qualified for the reimbursement.

Sponsorship HK\$ _____ has been granted.

Signature: _____

Name: _____

Date: _____

G. Acknowledgement of Receipt of Reimbursement

(To be completed by applicant and sent back to HKACCN)

Cheque number issued: _____

Signature of recipient: _____

Name of recipient: _____

Date: _____