

To : Tutors' Committee & The Hong Kong College of Psychiatrists  
Fax: 28701391

## Approval – Absence from CAC

I, Dr. \_\_\_\_\_ of \_\_\_\_\_ Hospital, will not be able to attend the CAC on \_\_\_\_\_ because of:

- Service need
- Official leave
- Study leave (including overseas leave)
- Sick leave
- Others (Please specify): \_\_\_\_\_

Signature of Trainee: \_\_\_\_\_ Date: \_\_\_\_\_

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### \* Approved / Not Approved

Signature of \*Tutor / Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

(Name: \_\_\_\_\_ )

- Please tick as appropriate
- \* Please delete as appropriate