



HONG KONG ACADEMY OF MEDICINE  
香港醫學專科學院



Jockey Club  
Institute for Medical Education and Development  
賽馬會醫學教育發展中心

7/F, HKAM Jockey Club Building,  
99 Wong Chuk Hang Road,  
Aberdeen, Hong Kong  
Telephone: (852) 2871 8718  
Facsimile: (852) 2505 5577  
Email: jcimed@hkam.org.hk  
Website: jcimed.hkam.org.hk

## Comprehensive Simulation Educator Course

Course Date: ☐ 2-3, 9-10 August 2025 (Sats & Suns)

☐ 17-18, 24-25 January 2026 (Sats & Suns)

Course Venue: Jockey Club Institute for Medical Education and Development (JCIMED)

Enquiries: (Email) jcimed@hkam.org.hk (Telephone) +852 2871 8718

### APPLICATION FORM

☐ SimAlliance (Single)

☐ SimAlliance (Group)

☐ HA Staff

Please complete legibly all parts in **BLOCK LETTERS** and return this form together with the tuition fee to the JCIMED by post or in person **on or before the application deadline (please refer to IMPORTANT NOTICE next page).**

*To encourage sharing our expertise through training events, we will pass your contact information to respective Colleges in the Academy (your relevant specialty) on their requests for inviting you to deliver training.*

☐ Please check if you would like to opt-in.

Title:	<input type="checkbox"/> Professor	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name in English: (as shown on HKID)									
	Family Name				Given Name				
Preferred Name to be called during the Course:									
Job Title:					Specialty:				
Institution/ Hospital:									
Address:									
Mobile No: (WhatsApp)			Secondary Mobile No: (Optional)				MCHK No:		
E-mail: (e-HKAM login)					Secondary E-mail: (Optional)				
Are you an Academy Fellow?			<input type="checkbox"/> Yes, Fellow No:				<input type="checkbox"/> No		
Have you ever participated in any medical simulation education course(s) as instructors or learners?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Year(s) of Simulation Teaching Experience:				
Could you briefly explain the reason(s) for joining the course?									
Could you share with us your future plans for use of simulation?									



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## IMPORTANT NOTICE

1. Full and punctual attendance is required throughout the Course.
2. **Course Fee:**
  - a. For Sim Alliance Members\* (Single): **HKD 36,820**
  - b. For Sim Alliance Members\* (Group): **HKD 29,150** (Group of 3 or more applying together)
  - c. For Hospital Authority Staff: **HKD 29,150**

*\*(Sim Alliance Members are staff/members of HKSARG Department of Health, faculty of medicine of The Chinese University of Hong Kong or The University of Hong Kong, Hong Kong Society for Simulation in Healthcare, The Hong Kong Private Hospitals Association as well as Hospital Authority. For HA staff, however, please refer to the exceptional course fee level.)*
3. **Payment method:**  
Please complete and return the application form together with course fee. Course fee should be made by crossed cheque payable to “**Hong Kong Academy of Medicine**” to the Jockey Club Institute for Medical Education and Development (7/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong)
4. A notification email showing the application results will be sent to all applicants **about 2 weeks prior to the first course date**.  
The crossed cheque submitted by unsuccessful applicants will be returned by post.
5. Application with no payment will not be processed.
6. All fees paid by successful applicants are non-refundable and non-transferrable.
7. Successful applicants are required to **study pre-course materials** including **pre-course videos/PowerPoints, and finish the MCQs** that will be posted on e-HKAM (the e-learning platform) **prior to the course**. A notification email and password for accessing Moodle will be sent to successful applicants around 1 week before the Course. **Preparation is important to promote effective learning.**
8. Participants are requested to communicate actively with your group members and mentor throughout the learning process by using “WhatsApp” platform. Please ensure you are able to download “WhatsApp” in your smartphone beforehand.
9. Admission to the CSEC course is determined by JCIMED based on various factors, including applicant background and organizational needs. While we strive for fairness, the final decision rests solely with JCIMED and is not subject to appeal.

## APPLICANT'S DECLARATION

1. I declare that the information I provide in support of this application is accurate and complete.
2. I understand that my application will not be accepted if any information or document I provided is found to be false even though payment has been made. I understand and accept that no refund will be arranged in this case.
3. I confirm that I have read and accepted the Personal Information Collection Statement attached to this Application Form.
4. I authorize the JCIMED to use, check and process my data as required for my application.
5. I understand that upon application, my data will become a part of my record and may be used for all purposes in connection with the processing of the application.
6. I understand the materials developed during the Course remain property of JCIMED.

Signature:

Date :

### **Personal Information Collection Statement**

1. This is a statement to inform applicants of their rights under the Personal Data (Privacy) Ordinance (the Ordinance).
2. The personal data collected in this Application Form will be used by the JCIMED for the purposes of organizing the said course, and where applicable, will serve as part of an applicant's official record with the JCIMED.
3. Personal data will be kept confidential and handled by the staff or persons appointed by the JCIMED to undertake its administrative functions and for training purposes.

#### Note:

- a) Applicants are required to keep the JCIMED informed of any changes in their personal data once they have enrolled for the said course.
- b) Under the Ordinance, applicants may have the right to request access to or correction of any data provided by them in relation to their application.
- c) As the Ordinance allows, the JCIMED has the right to charge a reasonable fee for the processing of any request for data access. Applicants who request access to data or for the correction of their data should do so in writing to the JCIMED.
- d) Applicants should write to the JCIMED if they do not want to receive any information on courses, events or functions organized by the JCIMED

FOR INTERNAL USE

<b>Course Application:</b>	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
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