



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:															
Course Venue: Jockey Club Institute for Medical Education and Development (JCIMED) Enquiries: (Email) jcimed@hkam.org.hk (Telephone) +852 2871 8718															
				APPLI	[CA]	ГΙС	N FOR	M							
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Please chec	k if you w	ould like t	to opt-ii	n.											
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Preferred Name	to be ca	ılled duri	ng the	-											
Job Title:							Specialty	:							
Institution/ Hos	pital:														
Address:															
Mobile No: (WhatsApp)				Secondary No:(Option		ile				МСНК	No:				
E-mail: (e-HKAM login)							econdary mail:(Optio	onal)							
Are you an Aca	ademy Fo	ellow?			·	Yes	, Fellow l	No:					No		
Have you ever participated in any medical simulation education course(s) as instructors or learners? Year(s) of Simulation Teaching Experience:															
Could you brief Could you share	• 1														
-		•	•												

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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)

Application deadline as follows:

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Courses dates	Application deadline					
17-18, 24-25 January 2026	24 November 2025					
7-8, 14-15 March 2026	23 January 2026					

- 5. 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.
- 6. Application with no payment will not be processed.
- 7. All fees paid by successful applicants are non-refundable and non-transferrable.
- 8. Successful applicants are required to **study pre-course materials** including **pre-course videos/ PowerPoints**, **and finish the MCQs** that will be posted on the **eHKAM LMS**, an e-learning platform, **prior to the course**. A notification email and password for accessing the eHKAM LMS will be sent to successful applicants around 1 week before the Course. **Preparation is important to promote effective learning**.
- 9. 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.
- 10. 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			
Course Application:	☐ Accepted	Rejected	

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