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: ☐ **9-10 & 16-17 May 2026 (Sats & Suns)**
☐ **1-2 & 8-9 August 2026 (Sats & Suns)**
Course Venue: Jockey Club Institute for Medical Education and Development (JCIMED)
Enquiries: (Email) viennalam@hkam.org.hk   **(Telephone)** +852 2871 8887 (Ms. Vienna Lam)

APPLICATION FORM

☐ **Sim Alliance (Single)**   ☐ **Sim Alliance (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:	☐ Professor	☐ Dr	☐ Mr	☐ Mrs	☐ Ms	☐ Miss		Gender:	☐ Male	☐ 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?	☐ Yes, Fellow No:	☐ No

Have you ever participated in any medical simulation education course(s) as instructors or learners?	☐ Yes ☐ 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. Application deadline as follows:

Courses dates	Application deadline
9-10 & 16-17 May 2026	23 March 2026
1-2 & 8-9 August 2026	22 June 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 :**

FOR INTERNAL USE

Course Application:	☐ Accepted	☐ Rejected