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

Debriefing Skills for Simulation Instructor Course

Course Date : ☐ **20-21 Mar 2027 (Sat & Sun)** ☐ **8-9 May 2027 (Sat & Sun)**

(Please tick both dates if you are available for either session.)

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

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

APPLICATION FORM

Reset

☐ **Sim Alliance (Single)** ☐ **Sim Alliance (Group)** ☐ **HA Staff**

Please complete legibly all parts in **BLOCK LETTERS** and return this form together with the Course Fee to the JCIMED by post or in person **on or before the application deadlines (please refer to IMPORTANT NOTICE on 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-out.*

Title :	☐ Professor ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss		
Name in English: (as shown on HKID/ Passport)	Family Name	Given Name	
Preferred Name to be called during the Course :			
Job Title :			
Institution / Hospital :			
Specialty :		Year(s) of Specialty Experience :	
Mobile No. (for Whatsapp Communication) :		Secondary Mobile No. :	
Email :			
Are you an Academy Fellow?	☐ Yes, Fellow No: Fellow Email Address: _____@fellow.hkam.hk		☐ No
Are you a Registered / Enrolled Nurse?	☐ Yes, NCHK RN/EN No. : _____		☐ No
Have you ever participated in any medical simulation education course (s)		☐ Yes	☐ No
Could you briefly explain the reason(s) for joining the course?			

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IMPORTANT NOTICE

1. Full and punctual attendance is required throughout the Course.
2. **Course Fee:**
   - For Simulation Alliance Members* (Individual): HKD $14,575
   - For Simulation Alliance Members* (Group): HKD $11,660 (Group of 3 or more applying together)
   - For Hospital Authority Staff: HKD $11,660

   (*Simulation 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
20-21 Mar 2027	29 Jan 2027
8-9 May 2027	12 Mar 2027

5. A notification email showing the application results will be sent to all applicants **about 2 weeks prior to the first course date**.
6. Course Fee paid by successful applicants are non-refundable and non-transferrable.
7. On-site parking is limited and primarily reserved for persons with speaking or teaching roles in our event. The availability of parking spaces is subject to the prevailing situation on the day. If on-site parking is not available, our security personnel may advise you to use paid parking facilities in the immediate vicinity. All visitors are required to follow the instructions of our security personnel regarding parking within the building.

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 authorise 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 organising 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 of 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 organised by the JCIMED.

FOR INTERNAL USE

Course Application: ☐ **Accepted** ☐ **Rejected**