



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

## Organ Donation Training Course

**Course Dates** : ☐ Day 1 - 3 Nov 2026 (Tue), 0900-1700 (For Doctors Only)  
☐ \*Day 2 - 4 Nov 2026 (Wed), 0900-1300 OR ☐ \*Day 2 - 4 Nov 2026 (Wed), 1400-1800  
 \*Please indicate your preferences by selecting from the dropdown list  
 1 = First priority, 2 = Second priority, N = Not available

**Course Venue** : Jockey Club Institute for Medical Education and Development (JCIMED)  
**Enquiries** : (Email) jcimed@hkam.org.hk (Telephone) +852 2871 8718

### APPLICATION FORM

[Reset](#)

☐ Individual / Allied Health Professionals ☐ Academy / College Fellow or Specialist Trainee ☐ 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 3 October 2026 (please refer to the IMPORTANT NOTICE & PAYMENT METHOD 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                                                                                           | : | <input type="checkbox"/> Professor                                                                                            | <input type="checkbox"/> Dr | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> 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                                                                                       | : |                                                                                                                               |                             |                             |                              |                             |                               |
| Address                                                                                         | : |                                                                                                                               |                             |                             |                              |                             |                               |
| (for sending the returned cheque & course manual book)                                          | : |                                                                                                                               |                             |                             |                              |                             |                               |
| Mobile No. with WhatsApp                                                                        | : |                                                                                                                               |                             |                             |                              |                             |                               |
| Email                                                                                           | : |                                                                                                                               |                             |                             |                              |                             |                               |
| Are you an Academy Fellow?                                                                      |   | <input type="checkbox"/> Yes, fellow no.: _____<br>Fellow Email Address: _____ @fellow.hkam.hk<br><input type="checkbox"/> No |                             |                             |                              |                             |                               |
| Have you ever participated in any organ donation training course(s) as instructors or learners? |   | <input type="checkbox"/> Yes                                                                                                  |                             | <input type="checkbox"/> No |                              |                             |                               |
| Could you briefly explain the reason(s) for joining this course?                                |   |                                                                                                                               |                             |                             |                              |                             |                               |
|                                                                                                 |   |                                                                                                                               |                             |                             |                              |                             |                               |



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## **IMPORTANT NOTICE**

1. Full and punctual attendance is required throughout the Course.
2. **Course Fee:**
  - a. For Day 1 Tier two course (Practical) – 3 Nov 2026 (whole day, 0900–1700): HKD\$ 1,400
  - b. For Day 2 Tier one course (Awareness) – 4 Nov 2026 (half-day, 0900–1300 or 1400–1800): HKD\$ 600
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 Deadlines are as follows:

| Course Dates              | Application Deadline |
|---------------------------|----------------------|
| 3 Nov 2026 and 4 Nov 2026 | 19 October 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. **Course fees paid by successful applicants are non-refundable and non-transferable; however, they will be refunded to applicants who successfully complete the training.**
8. 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 the 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. Personal information will only be collected and used for purposes directly related to the services and activities of the said event, unless otherwise prior consent has been obtained. Personal data will not be kept longer than the time needed for the intended purpose. For more information about the Academy's handling of personal data, please refer to the relevant Privacy Policy (<https://www.hkam.org.hk/en/privacy-policy>).
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