

**Skill and Patient Simulators Loan Request Form**



Borrower: \_\_\_\_\_

Official Name of Activity: \_\_\_\_\_

Contact person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

\* Please put a tick in the appropriate box

Simulator *	Loan Date <i>(dd/mm/yy)</i>	Loan Time <i>(in 24-hr format)</i>	Return Date <i>(dd/mm/yy)</i>	Venue for Using Simulator	Rental per Session <i>(4 hours)</i> <i>(HK\$)</i>	No. of Session Required	Sub-total <i>(HK\$)</i>
<b>Skill Simulator</b>							
<input type="checkbox"/> Lap Mentor					3,200		
<input type="checkbox"/> GI-Bronch Mentor					3,200		
<input type="checkbox"/> Heartworks Dual TTE/TEE					3,200		
<input type="checkbox"/> US machine with linear probe					3,200		
<b>Patient Simulator</b>							
<input type="checkbox"/> SimMan 3G					3,200		
<input type="checkbox"/> SimMom					3,200		
<input type="checkbox"/> HAL					3,200		
<input type="checkbox"/> SimJunior					3,200		
<input type="checkbox"/> SimBaby					3,200		
<input type="checkbox"/> SimNewB					3,200		
<input type="checkbox"/> Megacode Kelly					2,800		
<b>Other Equipment</b>							
<b>Total Amount (HK\$)</b>	-	-	-	-	-	-	-

**Applicant's Declaration**

1. We confirm that we have read and accept the "On loan Policy for JCIMED Skill and Patient Simulators" when the application is confirmed.
2. We confirm, acknowledge, accept and understand that once the application is confirmed:
  - a) JCIMED reserves the right to accept or reject any simulator borrowing application at its sole discretion;
  - b) it shall be the responsibility of the borrower to ensure that the users are competent in using the borrowed simulators;
  - c) and
  - d) the simulators borrowed may be requested to be returned early when necessary.

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Authorized Signature

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Date

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Company Chop