Organised by

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

Funded by

香港賽馬會慈善信託基金
The Hong Kong Jockey Club
Charities Trust

Exploratory Workshops on XR/VR for Medical Education

Course Date : 14 February 2027
Time : 09:00 – 13:15 (The 9th Class) OR 14:00 – 18:15 (The 10th Class)
Course Venue : Jockey Club Institute for Medical Education and Development (JCIMED)
Enquiries : (Telephone) +852 2871 8718

APPLICATION FORM

For College Nomination

Press to RESET

Please complete legibly all parts in **BLOCK LETTERS** and return this form to the JCIMED **on or before the application deadlines.**

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Course(s) :	☑ **Course 1: Introduction to XR Technology and Devices in Medical Education** ☑ **Course 2: Hands-On Workshop – Practical Use of XR in Medical Training**	
Preferred Class :	N The 9th Class: 09:00-13:15 N The 10th Class: 14:00-18:15 *Please indicate your preferences by selecting from the dropdown list 1 = First priority, 2 = Second priority, N = Not available	
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 :		
Mobile No. :	(with WhatsApp)	
Email :		
HKAM ID :	(6-digit number printed on Fellowship card)	
Email Address issued by the Academy:	@fellow.hkam.hk	
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. Please complete and return the application form to your College on or before **14 December 2026 (Monday)**.
3. This is a half-day Exploratory Workshops.
4. JCIMED has the right to accept or reject any application.
5. A notification email showing the application results will be sent to all applicants about 2 weeks prior to the course date.
6. For educational purpose and enhancement of the development of this Course, all the classes will be recorded. The participant shall agree/accept that JCIMED to use all the recorded classes/video and or all the products of course assignment that submitted by the participants for educational, teaching and research purpose.
7. Participants must observe the rules and regulations of the course venue.
8. Please note that participants may be invited to join the impact measurement scheme.

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.
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.
7. I understand for educational purpose and enhancement of the development of this course, all the classes will be recorded. The participant shall agree/accept that JCIMED to use all the recorded classes/video and or all the products of course assignment that submitted by the participants for educational, teaching and research purpose.

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.
4. For more information about the Academy's handling of personal data, please refer to the relevant privacy policy.
   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**