Basic Medical Education Course (BMEC) 2026 – Course 7

Date: : **11 Apr 2026 Sat (Half day zoom)**
25 Apr 2026 Sat (Full day onsite)

Venue : **7/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong**

Enquiries : **(email) JCIMED@hkam.org.hk   (telephone) +852 2871 8718**

APPLICATION FORM (For College's Nomination)

Please complete legibly all parts in **BLOCK LETTERS** and return this form to the JCIMED by post or in person **on or before 25 February 2026.**

Title	:	☐ Professor ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss		
Family Name (same as HKID/ passport)	:		Given Name (same as HKID/ passport)	
Preferred Name to be called during the Course	:			
Job Title	:			
Institution/ Hospital	:			
Specialty	:			
Mailing Address	:			
Office No.	:		Mobile No. :	
E-mail	:			
Academy Fellow No. :			eHKAM ID :	@fellow.hkam.hk
Have you ever participated in any medical simulation education course(s) as instructors or learners?			☐ Yes ☐ No	
Could you briefly explain the reason(s) for joining the course?				

IMPORTANT NOTICE

1. Full and punctual attendance is required throughout the Course.
2. Please complete and return the Application Form 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)* **on or before 25 February 2026.**
3. A notification email showing the application results will be sent to all applicants **about 2 weeks prior to the course date**.
4. All fees paid by successful applicants (if applicable) are non-refundable and non-transferable.
5. Participants who withdraw from the course after confirmation will be required to cover the course fee.
6. The contact information (name, email, and mobile phone number) will be provided to the Field Resources Consultant (FRC) Hong Kong for the purpose of conducting a survey.

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 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** :

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 data will only be collected and used for purposes directly related to the services and activities of the said event, unless prior consent has been obtained from the sender. Personal data will not be kept longer than the time needed for the intended purposes.
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 Basic Medical Education Course (BMEC).
   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 organized by the JCIMED.

FOR INTERNAL USE

Course Registration:	☐ Accepted ☐ Rejected