



Comprehensive Simulation Educator Course

Course Date : 10 - 11, 17 - 18 October 2020 (Sats - Suns)
 Course Venue : Hong Kong Jockey Club Innovative Learning Centre for Medicine (HKJC ILCM)
 Enquiries : (Email) hkjclcm@hkam.org.hk (Telephone) +852 2871 8718

APPLICATION FORM

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

Please complete legibly all parts in **BLOCK LETTERS** and return this form together with the tuition fee to the HKJC ILCM by post or in person **on or before the application deadline (please refer to IMPORTANT NOTICE next page).**

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		
Family Name :		Given Name :	
Preferred Name to be called during the Course :			
Job Title :			
Institution/ Hospital :			
Specialty :			
Address :			
Mobile No (WhatsApp) :		Secondary Mobile No (Optional) :	
E-mail (Moodle login) :		Secondary E-mail(Optional) :	
Are you an Academy Fellow? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fellow No. :	
Have you ever participated in any medical simulation education course(s) as instructors or learners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Could you briefly explain the reason(s) for joining the course?			
Could you share with us your future plans for use of simulation?			

Learning and innovation go hand in hand. The arrogance of success is to think that what you did yesterday will be sufficient for tomorrow.

William Pollard (1828-1893)

IMPORTANT NOTICE

1. Full and punctual attendance is required throughout the Course.
2. **Course Fee:**
 - a. For Sim Alliance Members* (Single): **HKD 25,000**
 - b. For Sim Alliance Members* (Group): **HKD 20,000** (Group of 3 or more applying together)
 - c. For Hospital Authority Staff: **HKD 20,000**

**(Sim 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 Hong Kong Jockey Club Innovative Learning Centre for Medicine (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
10 - 11, 17 - 18 October 2020	9 September 2020
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. All fees paid by successful applicants are non-refundable and non-transferrable.
8. Successful applicants are required to **study pre-course materials** including **pre-course videos/PowerPoints, and finish the MCQs** that will be posted on Moodle (the e-learning platform) **prior to the course**. A notification email and password for accessing Moodle will be sent to successful applicants around 1 week before the Course. **Preparation is important to promote effective learning.**
9. Participants are requested to communicate actively with your group members and mentor throughout the learning process by using “WhatsApp” platform. Please ensure you are able to download “WhatsApp” in your smartphone beforehand.

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 authorize the HKJC ILCM 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 HKJC ILCM.

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 HKJC ILCM for the purposes of organizing the said course, and where applicable, will serve as part of an applicant’s official record with the HKJC ILCM.
3. Personal data will be kept confidential and handled by the staff of or persons appointed by the HKJC ILCM to undertake its administrative functions and for training purposes.

Note:

- a) Applicants are required to keep the HKJC ILCM 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 HKJC ILCM 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 HKJC ILCM.
- d) Applicants should write to the HKJC ILCM if they do not want to receive any information on courses, events or functions organized by the HKJC ILCM.

FOR INTERNAL USE

Course Application: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
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We continue to learn for better patient health and safety.