

HKJC ILCM
Skill and Patient Simulators Loan Request Form
(For HKAM Specialty Colleges only)



Specialty College (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> |
|---|--------------------------------|---|----------------------------------|---------------------------|--|-------------------------------|----------------------------|
| Skill Simulator | | | | | | | |
| <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 | | |
| Patient Simulator | | | | | | | |
| <input type="checkbox"/> SimMan 3G (Ward) | | | | | 3,200 | | |
| <input type="checkbox"/> SimMom | | | | | 3,200 | | |
| <input type="checkbox"/> SimJunior 1 | | | | | 3,200 | | |
| <input type="checkbox"/> SimJunior 2 | | | | | 3,200 | | |
| <input type="checkbox"/> SimBaby | | | | | 3,200 | | |
| <input type="checkbox"/> SimNewB | | | | | 3,200 | | |
| <input type="checkbox"/> Megacode Kelly | | | | | 2,800 | | |
| Total Amount (HK\$) | - | - | - | - | - | | |

Applicant's Declaration

1. We confirm that we have read and accept the "On loan Policy for HKJC ILCM Skill and Patient Simulators" when the application is confirmed.
2. We confirm, acknowledge, accept and understand that once the application is confirmed:
 - a) HKJC ILCM 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.

Authorized Signature

Date

Company Chop (College)