



Medical Moulage & Mockup (MMM) Workshop

Date : 24 August 2019 (Saturday)
Venue : 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
Enquiries : (email) HKJCILCM@hkam.org.hk (telephone) +852 2871 8718

APPLICATION FORM

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 24 July 2019 (Wednesday)**.

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 :					
Office No. :			Mobile No. :		
E-mail :					
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 workshop?					



IMPORTANT NOTICE

1. Full and punctual attendance is required throughout the Course.
2. The registration deadline is **24 July 2019**. Please complete and return the Registration Form and the tuition fee, to the Hong Kong Jockey Club Innovative Learning Centre for Medicine (HKJC ILCM) (7/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong) on or before the registration deadline.
3. Payment of tuition fee (HKD600 / 1,000 on or before 24 July 2019.) should be made by crossed cheque payable to “**Hong Kong Academy of Medicine**”.
4. Upon receipt of your Registration Form, tuition fee, an acknowledgement email will be sent to you by the HKJC ILCM.
5. A notification email showing the application results will be sent to all applicants by **31 July 2019**. The crossed cheque submitted by unsuccessful applicants will be returned by post.
6. Registration application with no payment will not be processed.
7. All fees paid by successful applicants are non-refundable and non-transferrable.

APPLICANT’S DECLARATION

1. I declare that the information I provide in support of this application is accurate and complete. 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.
2. I confirm that I have read and accepted the Personal Information Collection Statement attached to this Registration Form.
3. I authorize the HKJC ILCM to use, check and process my data as required for my application.
4. 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.

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 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 Comprehensive Simulation Educator 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 Registration:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Cheque Received if Registration Accepted :	<input type="checkbox"/> Received (Cheque Amount: HK\$ _____) Bank & Cheque No.: _____	