



IMS Advanced Debriefing Course

Date : 9-12 January 2020 (Thursday - Sunday)
Course Venue : Hong Kong Jockey Club Innovative Learning Centre for Medicine (HKJC ILCM)
Enquiries : (email) HKJCILCM@hkam.org.hk or (telephone) +852 2871 8718

APPLICATION FORM

(Please put a tick in the appropriate box "☐")

Please complete legibly all parts in **BLOCK LETTERS** and return this form, together with required materials in the Checklist, to the HKJC ILCM by post or in person **on or before 3 December 2019.**

Checklist of the required materials:

- Your Passport Photo (Digital photo is also acceptable)
- Copy of Certificate (IMS Simulation Instructor Course / ILCM Comprehensive Simulation Educator Course)
- Cheque of Course Fee

Title : Professor Dr Mr Mrs Ms 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? Yes No Fellow No. : _____

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. **Course Fee:**
 - a. For Local Application: **HKD 25,000**
 - b. For Hospital Authority Staff: **HKD 20,000**
3. **Payment method:**
Please complete and return the application form together with a copy of your photo (with your name on the back), a copy of certificate and the 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. The Application deadline is **3 December 2019**.
5. A notification email showing the application results will be sent to all applicants by **the early of December 2019**.
6. 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.
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 Comprehensive Simulation Educator 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 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 Application Accepted (if applicable):	<input type="checkbox"/> Received (Cheque Amount: HK\$ _____) Bank & Cheque No.: _____	

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