

Application No.: \_\_\_\_\_

申請書編號 (For official use only)

(只供辦事處填寫)



嶺南大學亞太老年學研究中心  
Asia-Pacific Institute of Ageing Studies  
Lingnan University

健康服務助理課程  
報名表格

Health Worker Course  
Application Form

相片  
PHOTO

報讀課程名稱 Title of course applied for	健康服務助理課程	課程編號 Course code	HW-01
課程地點: Teaching venue:	嶺南大學		
<b>I 個人資料 Personal Particulars</b>			
英文姓氏 Surname	英文名字 Given names		
中文姓名 Name in Chinese	中文姓名電碼 Chinese name in code		
出生日期 Date of birth	性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
香港身分證號碼 HK ID Card No.			
地址 Address	住宅電話號碼 Residence no.	手提電話號碼 Mobile no.	
	電郵地址 Email		
<b>II 教育程度及曾接受的護理訓練 Education and Health Care Training</b>			
請提供所取得/將取得學歷(包括中學會考及高級程度會考成績)詳情(按取得資格的日期順序列出): Please provide details of academic qualifications (including results of HKCEE and HKALE) obtained/to be obtained (in chronological order):			
學校/書院/大學/學院/頒發機構 (例如:香港考試局) Schools/ Colleges/ Universities/ Institutes/ Issuing Authorities (e.g. Hong Kong Examinations Authority)	頒發日期 (日/月/年) Date Issued (Day/Month/Year)	學歷 (例如:香港中學會考) Qualifications (e.g. Hong Kong Certificate of Education Examination)	及格科目及成績 Subjects Passed and Level Attained

\* 請刪去不適用者 Please delete if inappropriate

請提供以下資料並夾附成績單及文憑副本：

Please provide the following information and attached copies of diploma/ transcript

a. 本人已完成中三課程；或同等學歷。

I have attained in current academic year a F. 3 qualification or equivalent.

是 Yes

否 No

**III 持有的專業資格（按取得專業資格的日期順序列出） Professional Qualifications (in chronological order)**

專業資格名稱 Names of Professional Qualifications	書院／大學／學院／ 頒發機構名稱 Full Names of Schools/ Colleges/ Universities/ Institutes/ Issuing Authorities	頒授日期 (日／月／年) Date of Award (Day/Month/Year)

**IV 以往就業詳情（按任職日期順序列出） Previous Employments (in chronological order)**

僱主名稱 Name of employers	職位 Position held	全職或兼職 Full time or Part time	受僱期間 Period

**V 聲明 Declaration**

本人明白，倘若故意虛報資料或隱瞞重要事實，可令本人喪失入讀資格或將來修畢此課程後的畢業及註冊資格。本人並同時授權 貴機構向有關機構查證本人學歷及有關此項申請之個人資料。

I understand that if I willfully give any false information in this application form or withhold any information, it will render me liable to disqualification for application, graduation and registration. I hereby authorize the institute to verify the proofs of my qualifications and personal details in regard to the application.

申請人簽署 Applicant's Signature \_\_\_\_\_ 日期 Date \_\_\_\_\_

**備註 Remarks:**

- (a) 填妥的申請表，請連同身份証及學歷證書副本、學費及兩個已貼上郵票及填有地址的回郵信封交回或寄回屯門嶺南大學亞太老年學研究中心林炳炎樓 1 樓 GE 102 室。學費可以劃線支票或銀行本票繳交。支票抬頭請填上「嶺南大學」。切勿郵寄現金。  
Fill in the application form and return together with identity card and academic certificates copies, 2 returned envelopes, and course fee, submitted by person or by post to Asia-Pacific Institute of Ageing Studies, GE 102, 1/F, B.Y. Lam Building, Lingnan University, Tuen Mun . Course fee can be paid by cross cheque or bank draft payable to “Lingnan University”. Please do not send cash.
- (b) 提交個人資料表格後，表格內所提供的資料如有任何更改，申請人須通知本中心。  
You are required to notify this Centre if there are any subsequent changes to the information provided after submission of the personal data form.
- (c) 申請人提交個人資料表格後，如欲改正或查閱個人資料，或查詢申請課程有關的事宜，請與本中心聯絡（電話號碼：2616-7425 or 2616-7441）  
For correction of or access to personal data after submission of the personal data form or enquiries on application, please contact this Centre at 2616-7425 or 2616-7441.

申請人通訊地址

**Correspondence Address of Applicant**

請填上你的姓名和地址以作通訊用途。  
Please fill in your name and address for correspondence purposes.

姓名 Name _____	姓名 Name _____
地址 Address _____ _____ _____	地址 Address _____ _____ _____