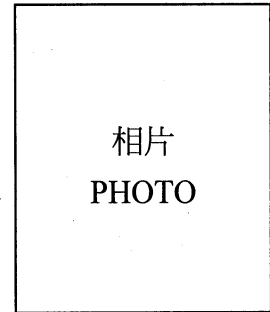




Application No.: _____
 申請書編號 (For official use only)
 (只供辦事處填寫)

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



保健員訓練課程
 報名表格

Health Worker Training Courses
Application Form

報讀課程名稱 Title of course applied for		保健員訓練課程		課程編號 Course code		HW SF-29	
課程地點: Teaching venue:		嶺南大學					
I 個人資料 Personal Particulars							
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.							
護照號碼 Passport No. (本欄供沒有香港身分證的申請人填寫) (for candidates without Hong Kong permanent identity card)				簽發機關 Issuing Authority			
地址 Address		住宅電話號碼 Residence no.		手提電話號碼 Mobile no.			
		電郵地址 Email					
II 教育程度及曾接受的護理訓練 Education and Health Care Training							
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. 本人已完成中五全科課程；或同等學歷。

I have attained in current academic year a F. 5 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 現時（或最近期）職位 Present (or Last) Appointment

僱主名稱及地址
Employer's name and address

業務性質
Nature of business

職位
Position held

直屬上司
Responsible to

主要職責
Major responsibilities

VI 諮詢人/ 推薦人 References

請填寫諮詢人/推薦人的姓名及地址，該諮詢/人推薦人須能就你的操守行爲及工作表現提供意見。
Please give the name and address of your referee who would be in a position to comment on your conduct and performance.

本人推薦 _____ 參加「保健員訓練課程」
(申請人姓名)

推薦人資料 Particulars of Referee

姓名：
Name

職位：
Position

機構名稱：
Name of organization

通訊地址：
Contact address

電話號碼：
Telephone no.

VII 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、報名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 116 室。報名費用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 application fee, submitted by person or by post to GE 116, 1/F, B.Y. Lam Building, APIAS, Lingnan University, Tuen Mun . Application 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：2616-7436 or 2616-7423）
For correction of or access to personal data after submission of the personal data form or enquiries on application, please contact this Centre at 2616-7436 or 2616-7423.

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.

<p>姓名 Name _____</p> <p>地址 Address _____ _____ _____ _____</p>	<p>姓名 Name _____</p> <p>地址 Address _____ _____ _____ _____</p>
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