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醫護支援人員(臨床病人服務)訓練證書課程申請表  
Application Form for Certificate in Care-related Support  
Worker Training Programme

全讀制 Full Time       兼讀制 (可選多項) Part Time (Multiple selection)      開課日期: Commencement Date: \_\_\_\_\_

I. **個人資料 Personal Particulars :**

英文姓名 Name in English: \_\_\_\_\_ 中文姓名 Name in Chinese: \_\_\_\_\_ 暱稱 Nickname: \_\_\_\_\_

出生日期 Date of Birth: \_\_\_\_\_ 年齡 Age: \_\_\_\_\_ 性別 Sex: \_\_\_\_\_ \*香港身份證號碼 / 護照號碼 \* HKID No. / Passport No.: \_\_\_\_\_  
(日日 / 月月 / 年年)  
dd mm yy

住址 Residential Address: \_\_\_\_\_  
\_\_\_\_\_

通訊地址(如與上址有別) Correspondence Address (if different from above): \_\_\_\_\_

住所電話 Residential Telephone Number: \_\_\_\_\_ 流動電話 Mobile Phone: \_\_\_\_\_

電郵地址 E-mail Address: \_\_\_\_\_

從何途徑得知此課程?  
How do you know about this course?  
 本院網站 Hospital Web Site       報紙, 名稱: Newspaper, name: \_\_\_\_\_       朋友介紹, 請列明: Friend, please specify: \_\_\_\_\_  
 其他, 請列明: Others, please specify: \_\_\_\_\_

II. **學歷及專業資格 Qualification and Training :**

如不敷應用,請另加附頁 Please continue on a separate sheet if necessary

考獲資歷 Qualification Obtained	學校名稱 School / College / University	由: 月/年 From: M/Y	至: 月/年 From: M/Y

### III. 工作經驗 Employment History:

如不敷應用,請另加附頁 Please continue on a separate sheet if necessary

由: 月/年 From: M/Y	至: 月/年 From: M/Y	機構名稱 Name of Organization	全/兼職 Full / Part Time	受僱職位 Position	離職原因 Reason of Resignation

### IV. 注意事項 Notes

1. 此申請表格上所提供之個人資料只用作處理入學申請、學術、行政及統計之用，所收集的資料將絕對保密。

Personal Data provided in this form will be used for processing your application for admission, and for academic, administrative and statistical purposes. Please be assured that any personal information you supply will be kept strictly confidential.

2. 未獲取錄之申請人資料及已呈交之文件，將於三個月內全部銷毀。

When the processing and consideration of all applications have been completed, the application and supporting documents of unsuccessful candidates will be kept for no more than 3 months and destroyed afterwards.

### V. 聲明 Declaration

1. 本人謹聲明申請表上所提供之資料及呈交之文件全屬確實無訛。

I declare that all information given in this application form and attached documents are, to the best of my knowledge, accurate and complete.

2. 本人理解及同意上述“注意事項”之內容。

I have also noted, understood and agreed to the contents of the Notes above.

3. 請填寫以下健康聲明，並以表示「是」或「否」(註：健康狀況並不會作為取錄的重要考慮因素)

Please answer the following questions by ticking YES or NO for health declaration:

(Note: A chronic illness is NOT a barrier to the consideration of an application for enrollment.)

在過去 12 個月內,你是否需要服食精神科藥物?

Did you need to take psychiatric medication during the past 12 months?

否 NO  是 YES (請列明 please specify \_\_\_\_\_)

你是否需要長期服用任何藥物? Do you need to take any medication regularly?

否 NO  是 YES (請列明 please specify \_\_\_\_\_)

4. 本人 \*從未 / 曾經 在香港或其他地方因犯罪被監禁。

I \* have / have not been convicted of any offense punishable with imprisonment in Hong Kong or elsewhere.

5. 本人 \*有 / 沒有 在香港或其他地方正進行刑事訴訟。

I \* do / do not have any criminal proceedings in progress against me in Hong Kong or elsewhere.

SON-029-21-3377 (R3)

簽署

Signature: \_\_\_\_\_

日期

Date: \_\_\_\_\_

Remark:  請在適當方格填上「✓」號 Tick if appropriate

\*請刪除不適用者 Please delete the inappropriate item