

支援腦退化症實務高等文憑課程報名表格 (2021-2022)

Enrolment Form for Award-bearing Advanced Diploma Programme in Dementia Care

請於填寫本報名表格前細閱背頁戊部之<注意事項> Please read Part E of the "Important Notes" overleaf carefully before completing this form.
此表格可自行影印以用作申請課程 This form can be photocopied for the purpose of enrolling in the courses.

已繳交報名費\$200 恕不退還 Application fee of HK\$200 is non-refundable.

*申請者請於確認取錄後方繳交學費，現階段所有申請者無須繳交學費。 Programme fee should only be paid after confirmation of admission, applicant should not pay the programme fee at this stage.

*如申請者繳交之支票無法兌現，香港中文大學將向申請人收取\$100行政費。 If the submitted cheque is bounced, the Chinese University of Hong Kong will charge applicant an administrative fee of \$100.

如欲申請本課程資助金，請填寫戊部之<注意事項>，香港中文大學及賽馬會耆智園保留任何最終決定權。

Applicant who wants to apply for the sponsorship must fill in Part E "Important Notes". CUHK and JCCPA reserve all rights and powers on decision in their sole discretion in relation to the sponsorship application.

由本學院填寫 For CUHK use only		
<input type="checkbox"/> 錄取 Admitted	<input type="checkbox"/> 不錄取 Rejected	<input type="checkbox"/> 後補名單 Waiting List
<input type="checkbox"/> HK\$_____報名費已收 Application Fee Accepted		<input type="checkbox"/> 以支票/本票支付 Paid by cheque / bankdraft
<input type="checkbox"/> HK\$_____學費已收 Tuition Fee Accepted		<input type="checkbox"/> 以支票/本票支付 Paid by cheque / bankdraft

甲部 Part A: 個人資料 Personal Particulars

請以正楷填寫此表格 Please complete this form in BLOCK LETTERS.

稱謂 Title: 博士 Dr. 先生 Mr. 小姐 Miss 太太 Mrs. 女士 Ms.

中文姓名: _____ 英文姓名: _____
Name in Chinese: _____ Name in English: _____
姓氏 Surname _____ 名字 First Name _____

(必須與香港身份證相同 Must be the same as shown on HKID card)

香港身份證/護照號碼 HKID Card/Passport No.: _____ () 出生日期: (日/月/年) Date of Birth: (dd/mm/yy) _____

(用作核實申請人之身份 For verification of the applicant's identity)

現職機構及單位 Name of Employer and Service Unit: _____

機構/單位類別 Type of Service Units:

長者 Elderly (Details: Dementia-specific unit DECC NEC Day Care Residential Home Other: _____)

復康 Rehabilitation 家庭 Family 醫院 Hospital 兒童及青少年 Children & Youth 其他(請註明) Others (Please specify) _____

任職年期 Duration of service: _____ 職位 Post: _____ 專業 (如有) Profession (if any): _____

處理腦退化症個案佔日常工作時間的比例 0% <10% 10-30% 40-50% >50%

Percentage of work in handling cases with dementia

辦事處電話 Office Telephone: _____ 手電/傳呼 Mobile / Pager: _____ 電子郵箱地址 E-mail Address: _____

通訊地址 Correspondence Address: _____

香港 Hong Kong 九龍 Kowloon 新界 New Territories 離島 Islands

緊急事故聯絡人: 姓名 _____ 關係 _____ 電話號碼 _____
Emergency Contact Person: Name _____ Relationship _____ Phone No. _____

最高教育程度: 中五 Form 5 (HKCEE) 中六 Form 6 (DSE) 中七 Form 7 (AS/AL) 專上 Post-Secondary
Highest Achieved Education Level: 大學 University 研究院或以上 Postgraduate or above 其他 (請註明) Others (Please specify): _____

是否支援腦退化症實務證書課程畢業生 Graduates of Certificate Programme in Dementia Care 是 Yes (年份 Year _____) 否 No

乙部 Part B: 學歷及工作經驗 Qualifications and Work Experience

請於填寫此部份前細閱本課程單張內之錄取資格。除特別註明外，申請人只需提供與所報讀之課程有關的資料，及其要求之補充資料。

Please read the specific admission requirements in the individual programme leaflet carefully before completing this part. Unless otherwise specified, applicants should only provide details and copies of supplementary information to the relevant programme applied.

如此部分空位不敷填寫，申請人可使用額外紙張詳列有關資料。 If there is insufficient space in this part, please give details on a separate sheet.

i) 學歷及專業資格 (請順序列出) Academic and Professional Qualifications (in chronological order)

由月/年 From MM / YYYY	至月/年 To MM / YYYY	頒授機構 Issuing Authority	學歷 / 專業資格 Academic / Professional Qualifications	頒發日期 Date of Issue

已部 Part F：聲明 Declaration

1. 本人聲明在此報名表格及隨附文件所載的資料，依本人所知均屬完整真確。
2. 本人同意如本人獲取錄，本人當遵守香港中文大學及賽馬會耆智園的規例。
3. 本人明白若提供任何虛假資料或誤導性資料，本人的申請資格將被取消。雖已通知面試，亦屬無效；而一切繳交費用，概不退還。
4. 個人資料將會作入學申請、登記、學術、行政、研究、統計、市場分析及課程推廣等用途上。只有香港中文大學的職員才能處理有關資料，但亦可能會轉讓為學院提供有關服務的委託人處理，而閣下提供的任何個人資料將絕對保密。
5. 根據個人資料（私隱）條例，申請人有權查閱及更改其個人資料。申請人如須查閱其個人資料，請來函香港中文大學。
6. 有關香港中文大學的入學程序及詳情，請參閱香港中文大學的課程手冊及官方網頁。
7. 本人已細閱、明白並同意**戊部「注意事項」**中的所有條文之內容。本人知道，香港中文大學將依據本人所提供的資料及以上**戊部**所列明之規定資格決定本人是否符合資助申請資格。

1. I declare that all information given in this application form and the attached documents are, to the best of my knowledge, accurate and complete.
2. I consent that if registered, I will conform to the Statutes and Regulations of the Chinese University of Hong Kong as well as Jockey Club Centre for Positive Ageing and the rules of the organizers.
3. I understand that the provision of any false or misleading information therein shall lead to DISQUALIFICATION of my application for admission and any resulting registration. Fee paid are not refundable.
4. Personal data provided in this form will be used for processing your application for admission, and for registration, academic, administrative, research, statistical and marketing purposes. The data will be solely handled by CUHK staff but may be transferred to an authorized third party providing services to the School in relation to the above purposes and prescribed purposes as allowed by CUHK and the law from time to time. In all such circumstances, please be assured that any personal information you supply will be kept strictly confidential.
5. Under the provisions of the Personal Data (Privacy) Ordinance, applicants have rights to request access to, and to request the correction of, their personal data. Applicants wishing to access to their data, should submit written requests to CUHK.
6. Please refer to the CUHK Prospectus and the official website of JCCPA for full details of enrolment procedures for Advanced Diploma Programme in Dementia Care.
7. I have read, fully understood and agreed all the conditions and contents in Part E 'Important Notes'. I am aware that CUHK will rely on the information provided by me and the requirement stated in Part E above to determine my eligibility for the Sponsorship Application.

簽名

日期

Signature: _____

Date: _____