

企業培訓課程申請表 Corporate Training Programme Request Form

請於填寫本表格前參閱以下知。Please read the following notes before completing this form.

- 1. 請將填妥之表格傳真至香港中文大學專業進修學院 2603-6565。
 Completed form should be faxed to the School of Continuing and Professional Studies, The Chinese University of Hong Kong at 2739-2797.
- 2. 如有任何查詢,請與本院張小姐聯絡 (電話:2209-0208)。

For enquiries, please contact Ms. Cheung of the School at 2209-0208.

3. 請附上有關 貴公司之資料 (例如:公司性質、機構背景及培訓對象的學歷(工作)職責等資料)。
Please enclose relevant information about your company (e.g. nature of business, organization set up, academic background/job titles/responsibilities of target participants etc.)

Name of Company 申請人英文姓名 Name of Applicant (in English) (Mr./Mrs./Miss/Ms.)* 申請人中文姓名 Name of Applicant (in Chinese) (先生/小姐/女士/太太)* Position 通訊地址 (Correspondence Address) (香港/九龍/新界)* (HK./ Kln / NT)* 聯絡電話 傳真號碼 電郵地址 Fax No. _ _E-mail address_ Contact No. 以下資料有助設計員工在職進修及培訓課程以配合 貴機構的培訓需要。 The following information will be used to tailor a training programme to meet the needs of your organization. 培訓課程目的 **Objectives of the Training Programme** 目標對象 **Target Participants** 培訓項目 **Training Topics**

課程模式 (請於適當的方格內填上☑號) Delivery Format (please ☑ the appropriate box)			
□授課 Lecture			
☐ 講座 Seminar			
☐ 分組討論 Group Discussion			
☐ 個案研究 Case Study			
☐ 其他 (請註明) Others (Please specify)			
上課人數 Class Size:			
面授時數 Total Contact Hours:			
上課時間表 (請於適當的方格內填上☑號) Class Schedule (please ☑ the appropriate box) □ 星期一 Monday □ 星期三 Wednesday □ 星期二 Tuesday □ 星期四 Thursday			節 sessions
時間 Time: 培訓課程為期 Duration of the Training Programme: 地點 Venue:			
授課語言 (請於適當的方格內填上☑號) Medium of Instruction (please ☑ the appropriate box) □ 粵語 Cantonese			
英語 English			
一 普通話 Putonghua			
申請人簽署 Applicant's Signature:	日期 Date:		
印鑑 Official Chop :			
* 請刪去不適用者。Please delete if inappropriate.			