

The Hong Kong Football Medicine Team Physiotherapist Course

Application Form

Application Details

- Please send the soft copy of the following documents to CUHKSportsMed@ort.cuhk.edu.hk
 - (i) Completed Application Form;
 - (ii) Copies of Certificate of Graduation;
 - (iii) Copies of Physiotherapist Professional Qualification*;
 - (iv) Copy of HKID card;
- Application will not be accepted unless all the required documents and cheque have been received.
- Application Deadline: **30 Sep 2020 (Wed)**

Payment Details

- Course Fee:

Non-HKPA / HKASMSS members	HK\$ 5,300
HKPA / HKASMSS members	HK\$ 4,500
Current CUHK MScSMHS Students:	HK\$ 2,700

- Course Fee MUST be paid by CROSSED CHEQUE payable to “**Hong Kong Association of Sports Medicine and Sports Science Limited**”.

To secure your application, please mail the cheque to the course administration office:

**Rm 74029, 5/F, Lui Che Woo Clinical Sciences Building,
Prince of Wales Hospital, Shatin, N.T., Hong Kong**

- Cheque payment will only be processed upon successful admission to the course.

Points to note

- *Only registered physiotherapist will be accepted.
 - Participants must have 100% attendance in the course.
 - An administration fee of HK\$500 will be charged for any withdrawal request. Any query regarding withdrawal can be directed to CUHKSportsMed@ort.cuhk.edu.hk or (852) 3505 3300.
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Please complete this form in **BLOCK** letters.

Personal Details			
Name (English)		Name (Chinese)	
HKID number		Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Contact Number		Email address	
Occupation			
Present Working Organization			
Correspondence Address			
Details of Physiotherapist Professional Qualification certification			
<u>Institution</u>			<u>Date of Award (DD/YY)</u>
Highest Education attained / will attain in this year			
<u>Cert./ Dip./ Degree Awarded</u>	<u>Institution</u>	<u>Date of Award (DD/YY)</u>	
Relevant Working Experience (in descending chronological order)			
<u>Position</u>	<u>Institution</u>	<u>Date (From / To)</u>	

Signature: _____

Date: _____