

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.

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

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.

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

ii) 工作經驗（請順序列出）Work Experience (in chronological order)

由月 / 年 From MM / YYYY	至月 / 年 To MM / YYYY	公司名稱及地址（如屬兼職，請予註明） Company Name & Address (If part-time, please specify)	職位 Position Held	職責簡述 Scope of Duties

丙部 Part C 報名方法

- 請填妥報名表格，親往香港中文大學(需先致電預約)或以郵遞方式連同報名費及身份證副本呈交，報讀人士其他的證明文件暫~~毋須遞交~~，收到面試通知後才作核實。
- Please complete the application form for enrolment and bring or post the completed form(s), together with the appropriate application fee and copy of Hong Kong Identity Card to CUHK. Other qualification documents are not required to submit until the notification of interview. The organizer should check all the related documents at the interview.
- 報名表格可向賽馬會耆智園或有關課程負責人索取，亦可從網上下載，網址為 “www.jccpa.org.hk”，如有任何疑問，請致電 2636 6323 查詢。
- Application form is usually available at the JCCPA or on request from programme staff. It can be downloaded at ‘www.jccpa.org.hk’. If there is any enquiry, please call at 2636 6323.

丁部 Part D: 報名費繳交方法 Methods of Application Fee Payment

支票 / 銀行本票號碼 Cheque / Bank Draft No.:

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支票或銀行本票: 如以劃線支票或銀行本票繳付，抬頭註明「香港中文大學」。支票背面請寫上課程名稱、學員姓名及聯絡電話。學員可親臨本學院遞交劃線支票及報名表格(需先致電預約)；或可將支票連同已填妥之報名表格一併寄交至沙田威爾斯醫院臨床醫學大樓9樓內科及藥物治療系 (Ms M Yu/K Mow)。信封上請註明「報讀支援腦退化症實務高等文憑課程」。請確保已貼上足夠郵資及填寫正確地址，香港中文大學不會代領任何欠資郵件。

Cheque or Bank Draft: Application fees can be paid by crossed cheque or bank draft made payable to "The Chinese University of Hong Kong". Please type/write the programme title(s), your name and contact number at the back of the cheque/bank draft. You may submit the completed form(s), together with the application fees in the form of a cheque, and copy of identity card by post or in person (prior appointment is required) to Ms M Yu / K Mow, Dept of Medicine and Therapeutics, 9/F Lui Che Woo Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T. specifying "Application for Advanced Diploma Programme in Dementia Care" on the envelope. The Chinese University of Hong Kong will not be responsible for any loss of payment sent by mail. Please ensure sufficient postage and correct address on mailing. The Chinese University of Hong Kong will not be responsible for collection of any underpaid mail.

戊部 Part E: 注意事項 Important Notes (如此部分空位不敷填寫，申請人可使用額外紙張。If there is insufficient space in this part, please give details on a separate sheet.)

請寫出報讀本課程及應獲得資助金之原因 Please state the rationale behind to apply for this course and sponsorship

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- 申請人必須注意本課程學費為港幣 25,000 元 (適用於新申請人)或港幣 10,000 元 (適用於"支援腦退化症證書課程"畢業生)。如獲成功錄取須於報讀時全數繳交學費。
- 本課程資助金額為港幣 6,000 元，只限於申請人成功完成本課程並取得本課程官方畢業證書後，方可獲發還該資助金。資助不適用於已在"支援腦退化症證書課程"或"腦退化症社區支援服務實務證書課程"取得資助之人士。
- 申請人可將有效證書連同學費正式收據遞交香港中文大學提出資助申請。待院方辦妥相關行政手續後，申請人將獲通知有關資助申請結果。任何未取得有效證書之不合資格申請將不獲處理。
- 關於資助申請事宜上，香港中文大學及賽馬會耆智園保留任何最終決定權及酌情權。
- Applicant should note that the programme fee is HK\$25,000 (for new applicant) or HK\$10,000 (for applicant who have passed the "Certificate Programme in Dementia Care"). The entire programme fee should be paid upon enrolment after admission advice is received.
- The sponsorship fee of this programme is HK\$6,000, which will only be reimbursed to the applicant on successful completion of this programme and upon receipt of the official graduation advanced diploma awarded by this programme. Sponsorship application WILL NOT be applicable to graduates or alumni of the "Certificate Programme in Dementia Care" and "Certificate Programme in Community-based Dementia Care for Practitioners" if they have already applied for a sponsorship before.
- Applicant is required to submit the sponsorship application to CUHK by providing the valid graduate certificate together with the official receipt of programme fee. Applicant will be notified the result of sponsorship application. Any ineligible application without the valid graduate certificate will not be processed.
- CUHK and JCCPA reserve all rights and powers on decision in their sole discretion in relation to the sponsorship application.

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: _____