

# 腦退化症社區支援服務實務證書課程報名表格 (2021)

## Enrolment Form for Certificate Programme in Community-based Dementia Care for Practitioners

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.

**申請者請於截止日期(已延長至 31/03/2021)連同報名表格，繳交報名費(\$200)，報名費恕不退還。 Application fee of HK\$200 should be submitted together with this application form on or before (has been extended to 31/03/2021). The application fee 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。 Tuition fee should only be paid after confirmation of admission, all applicants should not pay the tuition 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 applicants 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	

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

### 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

