

本項目由中醫藥發展基金委託進行：



獲委託機構：



Enrolment Form 報名表格

Any opinions, research, findings, conclusions or recommendations expressed in this material/event (or by the commissioned organisation) do not reflect the views or opinions of the Government of the Hong Kong Special Administrative Region, the Health Bureau, the Advisory Committee on Chinese Medicine Development Fund, the Implementation Agent of the Chinese Medicine Development Fund or the Hong Kong Productivity Council. 本資料/活動(或由獲委託機構)所表達的任何意見、研究、結果、結論或建議，並不代表香港特別行政區政府、醫務衛生局、中醫藥發展基金諮詢委員會、中醫藥發展基金執行機構或香港生產力促進局的觀點或意見。

For Office Use 由本學院填寫

Receipt No. 收據編號：

- ☐ Admitted 取錄
☐ Rejected 不取錄
☐ Waiting List 後補名單

Programme Title 課程名稱	Clinical Collaboration between Chinese Medicine and Nursing Professions Training Programme 中醫與護理專業的臨床協作培訓課程
Programme Code 課程編號	NHS0001
Programme Fees 課程費用	1. Tuition Fee 學費 HK\$800 2. Deposit 按金 HK\$2,000 Remark: Upon successful completion of the course and meeting the graduation requirements, students will be eligible for a full refund of the deposit. 備註：按金退還政策，學員在完成整個課程並符合畢業要求後，可獲退還全部按金。

Part (A) 甲部 Personal Information 個人資料

Title 稱謂 ☐ Mr. 先生 ☐ Ms. 女士

Applicant Name in English and Chinese (Name as appeared on H.K.I.D card or passport)

英文及中文姓名（必須和香港身份證或護照上顯示的名字一樣）

Surname Name
英文姓氏 _____

Given Name
英文名字 _____

Name in Chinese
中文姓名 _____

Mobile Phone Number
流動電話號碼 _____

H.K.I.D. Number
香港身份證號碼 _____

Date of Birth (DD/MM/YYYY)
出生日期 (日/月/年) _____

Hong Kong Permanent Resident
香港永久性居民：☐ Yes 是 ☐ No 否

Email Address 電郵地址：_____

Correspondence Address 通訊地址：_____

Hong Kong Metropolitan University (the University) supports equal opportunity and strongly opposes discrimination/harassment. It is the University policy to offer equal opportunities to all applicants with or without disabilities. To enable us to meet the needs of all students, you are invited to indicate on this form whether you require any special assistance. If you do need such assistance, the University may approach you subsequently to obtain further details so as to facilitate our planning and assess how best we can help you. 香港都會大學（大學）支持平等機會並強烈反對歧視/騷擾行為。大學的方針就是為所有人士提供平等的學習機會。為了配合學生的需要，請在此報名表上說明你是否需要特殊的幫助。如有需要，大學將聯絡閣下，以獲取更多相關資料及提供更完善的服務。

Special assistance required? 是否需要特殊的幫助?

☐ Yes 是 (If you check yes, you agree to give us further information on your special needs and consent to our further processing of your data. 如選擇需要，即閣下同意提供進一步詳情及同意大學處理相關資料。)

☐ No 否

Part (B) 乙部 Professional Qualifications and Education 專業資格及相關學歷

(Please attach proof of qualifications specified below 請附上下列相關專業資格及學歷的證明文件)

Profession 專業	<input type="checkbox"/> Registered Chinese Medicine Practitioner 註冊中醫師	<input type="checkbox"/> Registered Nurse 註冊護士
Year / Month of Registration 註冊年份/月份		
Registration Number 註冊編號		
Practising Certificate Valid Until 執業證書有效期		

Related Professional Qualification(s) 相關學歷及專業：

Examination / Awarding Institution 考試 / 頒授學歷機構	Subject / Degree Awarded 學科 / 獲頒授學位	Year of Award 頒授年份

Part (C) 丙部 Relevant Working Experience(s) 相關工作職位資料

(Please attach proof of the experience(s) specified below 請提供下列工作經驗的證明文件)

Date (From / To) 日期 (由 / 至)	Institution Name 機構名稱	Department / Unit / Ward 部門 / 單位 / 病房 (If applicable 如適用)	Rank / Post 職級 / 職位

Part (D) 丁部 Statement on Collection of Personal Data 收集個人資料(私隱)聲明

1. It is necessary for applicants to supply their personal data and to provide all the information requested in the application documents, otherwise the University may be unable to process and consider their applications. 申請人必須提供其個人資料及課程申請所需資料，否則大學將不能有效處理其申請。
2. The personal data provided in this form will be used for processing your application for admission, and for registration, academic and administrative communication and contacts, research, statistical and marketing (including direct marketing) purposes. The data will be transferred to the Chinese Medicine Development Fund (the CMDF), the commissioning organisation of this programme, where it may be used for these purposes and other purposes considered relevant by the CMDF. The data may also be transferred to an authorised third party providing services to the University in relation to the above purposes and prescribed purposes as allowed by the law from time to time. 在法律許可情況下，申請人的個人資料將會作入學申請、註冊、有關學術及行政通訊、研究、統計、市場分析及推廣（包括直接銷售）等用途。此課程為中醫藥發展基金委託舉辦，故此大學會將申請人個人資料轉交予上述機構，個人資料也有可能用作上述入學及其他相關用途。個人資料亦有可能會轉移到為大學提供有關服務的委託人處理。
3. For details on the University's privacy policies, please refer to the University's Website (<https://www.hkmu.edu.hk/privacy-policies/>). 如欲了解大學保障個人資料政策的詳情，請參閱大學的網頁 (<https://www.hkmu.edu.hk/tc/privacy-policies/>)。

Part (E) General Notes to Applicants 一般注意事項

1. Enrollment can be done by emailing the completed application form and all required documents to CCMN@hkmu.edu.hk before the deadline. 如欲報讀課程，請填妥報名表格並連同所需證明文件在截止報名日期前電郵至 CCMN@hkmu.edu.hk。
2. This course is designed to be selected for admission. We will inform you of the result by email as soon as possible after the deadline for applications. Please pay the tuition fee and deposit according to payment notice within valid period. 本課程設有甄選入學，大學職員將在截止報名日期後盡快通知申請者是否獲取得錄。屆時請按照付款通知於限期內繳付學費及按金。
3. Except for programme cancellation, tuition fee paid is not refundable. 除報名課程被取消的情況外，已繳學費恕不退還。

Declaration 聲明

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. 本人聲明本申請表及隨附文件所載一切資料，依本人所知均屬正確，並無遺漏。
2. I authorise the University to obtain, and the relevant authorities to release, any information about my qualifications and/or employment as required for my application. 本人授權大學向相關機構查閱有關本人申請課程所列出的學歷及專業資格。
3. I consent that if registered, I will conform to the Statutes and Regulations of the University. 本人同意如本人註冊入學，當遵守大學的規例。
4. I understood that this programme is subsidised by the Chinese Medicine Development Fund. Upon admission, I (i) am willing to cooperate with the Health Bureau and the Chinese Medicine Development Fund in their consultation works in relation to the development of Chinese medicine; (ii) agree to join the Talent Pool of the Chinese Medicine Hospital of Hong Kong; and (iii) authorise the University and the School of Nursing and Health Sciences to transfer my personal information to the Chinese Medicine Development Fund, the Chinese Medicine Hospital of Hong Kong, and relevant government departments for the aforementioned purposes. 本人明白本課程獲中醫藥發展基金資助。獲取錄後，本人(i)願意配合醫務衛生局及中醫藥發展基金有關中醫藥發展的諮詢工作；(ii)同意加入香港中醫醫院人才庫；(iii)授權香港都會大學及護理及健康學院將本人的資料會轉交予中醫藥發展基金、香港中醫醫院及相關政府部門作為上述用途。
5. I have noted, understood and agree to the contents of the above notes, Statement on Collection of Personal Data and the University's privacy policies. 本人已細閱、明白並同意以上注意事項、收集個人資料(私隱)聲明及大學的保障個人資料政策。

Applicant's Signature 簽署 _____

Date 日期 _____