



Programme Code 課程編號: _____ Programme Name 課程名稱: _____

Personal Information 個人資料

Please complete in BLOCK LETTERS 請用正楷填寫

Name 姓名: (English) _____

(中文) _____ Sex 性別: _____ HKBH Staff No. 本醫院員工編號: _____

Age 年齡: 18 - 25 26 - 35 36 - 45 46 - 55 56 or above 或以上

Occupation 職業: _____ Education 教育程度: _____ Membership No. 會員編號: _____

Religion 宗教信仰: _____ Church/Seminary 教會/神學院: _____

Tel. (Day) 日間電話: _____ (Night) 夜間電話: _____

Email Address 電郵地址: _____

Correspondence Address 通訊地址: _____

How did you learn about our programme? 你從甚麼途徑認識本中心課程?

Leaflet 宣傳單張 Internet 互聯網 Referral 親友介紹 Others 其他: _____

Enrollment method and conditions 課程報名方法及細則:

● The completed application form should be mailed to Kai Tak Community Health Centre at Shop G-07, G/F, Sky Tower, 38 Sung Wong Toi Road, Tokwawan, Kln., HK. Please pay by crossed cheque with the applicant's name, contact phone number and programme(s) enrolled written on the back of the cheque. Cheque(s) should be made payable to "Hong Kong Baptist Hospital".

請填妥報名表連同以「香港浸信會醫院」抬頭之劃線支票，寄回香港九龍土瓜灣宋皇臺道38號傲雲峰地下G07號 啟德社區健康中心，註明「課程報名表」。請於支票背面寫上申請人姓名、電話及課程名稱。

● Your application will be confirmed by an email.
本中心會以電郵通知閣下，申請是否已被取錄。

● Programme fee is not refundable and non-transferable.
學生如退出已報讀之課程，已繳交之費用將不予退還，亦不能由其他人士代替上課。

● The Centre reserves the right to change the tutor, the time, the venue and the programme curriculum. The Centre reserves the right to cancel the programme if there is insufficient number of enrollments.
本中心有權更改原定之課程之導師、上課時間、地點或教學內容；如報讀人數不足，本中心有權取消有關課程。

● All classes will be rescheduled if the following "Severe Weather Warning" is in force:

(a) Typhoon Signal No. 8 or above; (b) Black Rainstorm Warning.

如以下「惡劣天氣警告」生效，所有課堂將另行安排: (a) 八號或以上颱風訊號; 或 (b) 黑色暴雨警告。

● Classes may be recorded for promotion and / or the Centre's archives.
課堂可能會被拍攝或錄影，以作出版或宣傳。

● The personal correspondence data collected in this form will be used for dispatch of Centre's promotional materials. Your other personal data will be kept strictly confidential.

所提供的個人通訊資料用作傳遞本中心宣傳資訊，其他個人資料絕對保密。

I have read and agreed with the above conditions.

本人已詳閱並同意以上課程報名細則。

Signature of Applicant 申請人簽署

Date 日期

For Internal Use Only 中心專用:

Payment Method 繳交學費方法: Cash EPS Visa/Master/AE Cheque No.: _____

Membership No. 會員編號: _____ Expiry Date 到期日期: _____

Receipt No.: 收據號碼: _____ Handled by 經手人: _____