



The personal data provided in this form will be used by the **Institute of Professional Education** for the processing of the course applications. 此表格所提供的個人資料只用於專業教育學院的課程申請處理。

Enrollment Form

課程報名表

Course Name: 課程名稱		Course Code: 課程編號		
Name in English (Surname First): 英文姓名(姓氏先行)		Name in Chinese: 中文姓名		
Institute / Department: 機構/部門		Job Title: 職位		
Correspondence Address: 通訊地址				
Telephone No: 聯絡電話	Office 辦公室	Home 住宅	Mobile 手提	Sex: 性別
E-mail Address: 電郵				
For HKBH Staff Only 只適用於浸會醫院員工				
Staff No. 員工編號:		已申請醫院資助: <input type="checkbox"/> 是 <input type="checkbox"/> 否 (註: 請申請者儘快呈交已批核的資助申請表格給本學院)		
How did you learn about our course? 你從甚麼途徑認識本中心課程?		<input type="checkbox"/> Leaflet 宣傳單張 <input type="checkbox"/> Internet 互聯網 <input type="checkbox"/> Referral 親友介紹 <input type="checkbox"/> Others 其他 _____		

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

- Please mail the completed application form and crossed cheque to **Institute of Professional Education**. The crossed cheque should be payable to "Hong Kong Baptist Hospital" with the Applicant's name, contact phone number & course name written on the back of the cheque.
請填妥報名表, 連同劃線支票(抬頭: 香港浸信會醫院), 寄回: 專業教育學院。請於支票背面寫上申請人姓名、電話及課程名稱, 並於信封面註明『課程報名表』。
- Application will be confirmed by email.
本學院會電郵通知閣下, 申請是否已被取錄。
- Course fee is not refundable and non-transferable.
學生如退出報讀之課程, 已繳交之費用將不予退還, 亦不能由其他人士代替上課。
- The Institute reserves the right to change the tutor, the time, the venue, and also reserves to cancel the programme if there is insufficient number of enrollments.
本學院有權更改原定課程之導師、上課時間、地點; 如報讀人數不足, 本學院有權取消有關課程。
- 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. Please refer to 'Note to Students' for more detail.
如以下『惡劣天氣報告』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。詳情請參考學員須知。
- Classes may be recorded for promotion and/or the Institute archives.
課堂可能會被拍攝或錄影, 以作宣傳或紀錄。

- 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。
- I give my consent to the use of my personal correspondence data collected in this form for dispatch of Institute's promotional materials.
本人同意所提供的個人通訊資料可用作傳遞貴學院宣傳資訊, 其他個人資料絕對保密。

Signature of Applicant 申請人簽署

Date 日期

For Internal Use Only 學院專用:

支票號碼: _____

銀行: _____

收據號碼: _____

經手人: _____