

社福界登記護士(普通科)／登記護士(精神科)訓練課程入學申請表  
Application for Admission to  
Enrolled Nurse (General) / Enrolled Nurse (Psychiatric) Training Programme  
for the Welfare Sector

備註：

1. 請以英文正楷填寫此申請表。填寫此申請表時，請參考申請須知。
2. 每名申請人只可申請報讀登記護士(普通科)訓練課程或登記護士(精神科)訓練課程。申請人如同時申請報讀此兩個訓練課程，其申請將不獲處理。
3. 申請表內提供的所有資料均須正確及完備，並請夾附有關學歷證書／資歷及現時在社福界任職(如適用)的證明文件的副本。
4. 此申請表內所收集的個人資料會用作處理申請報讀本訓練課程之用。
5. 提交申請表後，如欲查閱或更正個人資料，請在辦公時間內聯絡社會福利署(電話：2110 1495)。
6. 請於二零零五年十一月八日或以前，將填妥的申請表郵寄或親身送交香港灣仔皇后大道東213號胡忠大廈8樓835室社會福利署。信封面請註明「申請報讀社福界登記護士訓練課程」。

Notes:

1. Please complete the application form in **English** and print in **BLOCK LETTERS** and refer to the Guide to Applications when completing the application form.
2. Each applicant may only apply for admission to either the Enrolled Nurse (General) training programme or the Enrolled Nurse (Psychiatric) training programme. Applications for admission to both of these training programmes submitted by the same applicant will not be processed.
3. Please ensure that **all** information provided in the application form is accurate and complete. Copies of education certificates/qualifications and documentary proof on existing employment in the welfare sector (if applicable) should be attached.
4. The personal data collected in this application form will be used for the purpose of processing the application for admission to the training programme.
5. For access to or correction of personal data after submission of this application, please contact the Social Welfare Department (Tel. No.: 2110 1495) during office hours.
6. Completed application form should be submitted to Social Welfare Department, Room 835, 8/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong by post or by hand on or before 8 November 2005. Please mark on the envelope "Application for Enrolled Nurse Training for the Welfare Sector".

申請人如希望獲知社會福利署已收到其申請表，請填妥下列資料，並附上一個已貼上郵票及填妥地址的回郵信封。

Please fill in the following and supply a stamped self-addressed envelope if you wish to receive an acknowledgement of receipt of your application from the Social Welfare Department.

APPLICATION FOR ADMISSION TO ENROLLED NURSE (GENERAL) / ENROLLED NURSE (PSYCHIATRIC)  
TRAINING PROGRAMME FOR THE WELFARE SECTOR

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

## 甲部 申請課程 SECTION A PROGRAMME APPLIED FOR

本人欲申請入讀 (請只“√”一項)

I wish to apply for admission to (Please “√” one only)

- 社福界登記護士(普通科)訓練課程。  
Enrolled Nurse (GENERAL) Training Programme for the Welfare Sector.
- 社福界登記護士(精神科)訓練課程。  
Enrolled Nurse (PSYCHIATRIC) Training Programme for the Welfare Sector.

## 乙部 個人資料 SECTION B PERSONAL PARTICULARS

英文全名 Full Name in English		中文姓名 Name in Chinese			近照# Photo#
性別 Sex 男 / 女 * M / F *	出生日期 Date of birth (日/月/年) (dd/mm/yyyy)	香港身份證號碼 HK Identity Card No.			
住址 Residential Address					
通訊地址 Correspondence Address (如與上址不同 If different from the address given above)					
住所電話號碼 Residential Telephone No.	辦事處/日間聯絡電話號碼 Office/Day Time Contact No.	流動電話號碼 Mobile Phone No.	傳真號碼 Fax. No.	電子郵件地址 Email Address	

\* 請刪去不適用者 Please delete as appropriate.

# 可選擇不提供 Optional

## 丙部 曾受教育 (按日期順序列出) SECTION C EDUCATION (In chronological order)

曾經就讀的學校 (中學/專上) Schools Attended (Secondary/Tertiary)	班級 Form	年 Year
在香港就讀 In Hong Kong	至	至
_____	To _____	To _____
_____	To _____	To _____
_____	To _____	To _____
_____	To _____	To _____
在香港以外地方就讀 Outside Hong Kong	至	至
_____	To _____	To _____
_____	To _____	To _____
_____	To _____	To _____
_____	To _____	To _____

證明具備同等學歷的文件 [如適用] (請只“√”一項)  
Documentary proof on education attainment equivalent, if applicable (Please “√” one only)

夾附於本申請表中。 is attached to this application form.

於二零零五年十一月十九日或以前遞交。 is to be submitted on or before 19 November 2005.



**丁部 工作經驗 (按日期順序列出) SECTION D WORK EXPERIENCE (In chronological order)**

機構名稱 (註1) Name of Organisation (Note 1)	工作性質 (註 2) Nature of Employment (Note 2)	職位 Position Held	日期 (日/月/年) Date (dd/mm/yyyy)		(只供有關部門填寫) (For Office Use only)
			由 From	至 To	
					Currently working in the welfare sector as welfare worker, health worker or personal care worker in the fields of elderly, rehabilitation, family and child care, or correctional services <input type="checkbox"/>

註 1：如曾經或正在福利機構工作，請註明服務單位名稱。

Note 1: For an applicant previously/currently working in the welfare sector, please also indicate name of the service unit.

註 2：請註明全職或兼職工作。

Note 2: Please indicate full-time or part-time job.

**戊部 補充資料 SECTION E SUPPLEMENTARY INFORMATION**

補充資料詳情 Details of supplementary information

你可在下欄提供其他相關資料，惟務須簡要，請勿附加紙張。

You may provide information which you consider is relevant to your application. Please be concise and confine the information to the space provided. Do not use any additional sheet.

**聲明 Declaration**

本人謹此聲明，在本申請表填報的資料均正確及完備，本人明白填報的資料將會在遴選過程中作參考之用，若填報的資料失實，本人的入學申請及註冊資格將被取消。

I declare that the information given in this application form is, to the best of my knowledge, accurate and complete. I understand that this information will be used in processing my application for admission to the enrolled nurse training programme and that any misrepresentation may lead to disqualification of my application for admission and cancellation of subsequent enrolment.

簽名  
Signature: \_\_\_\_\_ 日期  
Date: \_\_\_\_\_

申請表格若未簽署，概不受理。 Forms without signature will not be processed.