

社福界登記護士（普通科）入學申請表  
Application for Admission to  
Enrolled Nurse (General) Training Programme  
for the Welfare Sector

備註：

Notes:

- 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。
  - 申請人應於**2009年7月31日或以前**，把填妥的申請表，連同在香港取得的學歷證書副本、在香港以外的地方取得的學歷證書副本及證明其具備等同於香港有關學歷的文件（如適用）及現時於社福界擔任全職僱員的證明文件（如適用），郵寄（以郵戳為憑）或親身遞交（於2009年7月31日下午5時30分或以前）香港灣仔皇后大道東213號胡忠大廈8樓835室社會福利署。信封上應註明「申請報讀社福界登記護士訓練課程」。
  - 申請人在遞交填妥的申請表時，必須夾附在申請表上所呈報的有關學歷的證書副本（包括在香港本地或香港以外的地方所取得的學歷）。
  - 如申請人在香港以外的地方取得學歷，須向社會福利署遞交證明其等同於香港有關學歷的文件，否則社會福利署將無法考慮該學歷。
  - 現時全職在社福界工作的申請人，須於申請表內夾附顯示其現時僱主機構名稱、服務單位名稱、職位名稱及其為全職僱員的證明文件。未有提供上述證明文件的申請，在遴選過程中將不獲優先考慮。
  - 在以下任何一種情況下，申請將不獲處理—
    - 於2010年3月1日尚未年滿18歲者；或
    - 未有提供學歷證書副本；或
    - 申請人未有在申請表上簽署；或
    - 逾期遞交的申請。
  - 申請人如希望獲知社會福利署已收到其申請表，請附上一個已貼上郵票及填妥地址的回郵信封。
  - 此申請表內所收集的個人資料只會用作處理申請報讀本訓練課程之用。未能成功入讀課程的申請人所提交的申請表以及申請人提交的所有資料將會在課程開學十二個月後全部銷毀。
  - 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）。
- Please complete the application form in **English** and print in **BLOCK LETTERS** and refer to the Guide to Applications when completing the application form.
  - Completed application forms, together with copies of education certificates for the qualifications obtained in Hong Kong and outside Hong Kong, documentary proof of the Hong Kong equivalent of the education attainment obtained outside Hong Kong (if applicable) and documentary proof of an existing full time employment in the welfare sector (if applicable), should be submitted to the Social Welfare Department, Room 835, 8/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong **on or before 31 July 2009** either (i) by post (according to postmark) or (ii) by hand (at or before 5:30 p.m. on 31 July 2009). The envelope should be marked "Application for Enrolled Nurse Training Programme for the Welfare Sector".
  - Applicant must attach to the completed application form copies of the education certificates for the qualifications entered in the application form, including those obtained in Hong Kong and outside Hong Kong.
  - For education attainment obtained outside Hong Kong, applicants are required to submit to the Social Welfare Department documentary proof of its Hong Kong equivalent; otherwise, the Social Welfare Department will not be able to consider that education attainment.
  - Applicant currently working full time in the welfare sector should attach to the application form documentary proof showing the name of the employing organisation, the name of the service unit where the applicant is working, the position held and the full time nature of the employment. Applications without the above documentary proof will not be accorded priority in the shortlisting and selection process.
  - Applications will not be processed under any of the following circumstances –
    - applicant has not attained the age of 18 on 1 March 2010; or
    - application with no attachment of copies of education certificates; or
    - application without the applicant's signature; or
    - late application.
  - Please supply a stamped self-addressed envelope if you wish to receive an acknowledgement of receipt of your application from the Social Welfare Department.
  - The personal data collected in this application form will only be used for the purpose of processing the application for admission to the training programme. For unsuccessful applications, the application forms and all the information and documents as submitted by the applicants will be destroyed in 12 months following the commencement of the training programme.
  - 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.

## 社福界登記護士（普通科）入學申請表 Application for Admission to Enrolled Nurse (General) Training Programme for the Welfare Sector

請以英文正楷填寫此申請表

Please complete the application form in **English** and print in **BLOCK LETTERS**

### 甲部：個人資料 Section A : 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

### 乙部：曾受教育（按最早日期順序列出） Section B : 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 _____
_____	_____ To _____	_____ To _____
在香港以外地方就讀 Outside Hong Kong	至	至
_____	_____ To _____	_____ To _____
_____	_____ To _____	_____ To _____
_____	_____ To _____	_____ To _____
_____	_____ To _____	_____ To _____
_____	_____ To _____	_____ To _____

乙部：曾受教育（續） Section B : Education (Continued)

香港中學會考與考科目 (只填寫最高等級) HKCEE SUBJECTS TAKEN (Highest Grade Only)			香港高級程度會考與考科目 (只填寫最高等級) HKALE SUBJECTS TAKEN (Highest Grade Only)			(只供有關部門填寫) (For office use only)		
年份 Year	科目 Subject	等級 Grade	年份 Year	科目 Subject	等級 (註1) Grade (Note 1)	Photocopies of:		
	English Language (Syl. A)			Use of English		HKCEE		
	English Language (Syl. B)			Chinese Language and Culture		(Yr. Y/N)		
	Chinese Language			Pure Mathematics		(Yr. Y/N)		
	Mathematics			Applied Mathematics		(Yr. Y/N)		
	Additional Mathematics			Mathematics and Statistics		HKALE		
	Physics			Physics		(Yr. Y/N)		
	Chemistry			Chemistry		(Yr. Y/N)		
	Biology / Human Biology			Biology		(Yr. Y/N)		
	Chinese History			Chinese History		HKHLE		
	English Literature			English Literature		(Yr. Y/N)		
	Chinese Literature			Chinese Literature		(Yr. Y/N)		
	Computer Studies			Computer Studies		(Yr. Y/N)		
	Geography			Geography		GCE (A/O)		
	Economics			Economics		(Yr. Y/N)		
	History			History		(Yr. Y/N)		
	Others: (Please specify)			Others: (Please specify)		(Yr. Y/N)		
						Other Certificate(s)		
						(Yr. Y/N)		
						(Yr. Y/N)		
香港高等程度會考與考科目 (只填寫最高等級) HKHLE SUBJECTS TAKEN (Highest Grade Only)			普通教育文憑試與考科目 (只填寫最高等級) GCE (A/O Level) SUBJECTS TAKEN (Highest Grade Only)					
年份 Year	科目 Subject	等級 Grade	年份 Year	程度 Level (A/O)	科目 Subject	等級 Grade		

註1：包括高級程度及高級補充程度科目的等級  
Note 1: Including grades at both A-level and AS-level.

For office use only

Currently Working in Welfare Sector

**丙部：工作經驗（按最早日期順序列出） Section C : Work Experience (In chronological order)**

機構名稱 Name of Organisation	服務單位名稱 <sup>(註2)</sup> Name of Service Unit <sup>(Note 2)</sup>	工作性質 <sup>(註3)</sup> Nature of Employment <sup>(Note 3)</sup>	職位 Position Held	日期（日 / 月 / 年） Date (dd / mm / yyyy)	
				由 From	至 To
		全職 / 兼職 Full-time / Part-time			
		全職 / 兼職 Full-time / Part-time			
		全職 / 兼職 Full-time / Part-time			
		全職 / 兼職 Full-time / Part-time			
		全職 / 兼職 Full-time / Part-time			
		全職 / 兼職 Full-time / Part-time			

註 2：如曾經或正在福利機構工作，請註明服務單位名稱。

Note 2: For an applicant previously/currently working in the welfare sector, please also indicate the name of the service unit.

註 3：請刪去不適用者。

Note 3: Please delete as appropriate.

**丁部：補充資料 Section D : Supplementary Information**

<p>補充資料詳情 你可在下欄提供其他相關資料，惟務須簡要，請勿附加紙張。 Details of supplementary information 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.</p>
<p>聲明 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會用作處理申請報讀開課日期分別為2009年12月7日及2010年3月1日的社福界登記護士（普通科）訓練課程之用，若填報的資料失實，本人的入學申請及註冊資格將被取消。 如本人獲取錄入讀上述課程，本人將接受社會福利署及醫管局所編配的課程開課日期。 Declaration 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 for processing my application for Enrolled Nurse (General) Training Programme for the Welfare Sector, which will be commenced on 7 December 2009 and 1 March 2010, and any misrepresentation may lead to disqualification of my application for admission and cancellation of subsequent enrolment. I shall accept the course commencement date assigned to me by Social Welfare Department and Hospital Authority if I am selected for admission to the said programme.</p> <p>簽名 _____ 日期 _____ Signature: _____ Date: _____</p>