



香港浸會大學中醫藥學院 持續及專業教育部

DIVISION OF CONTINUING AND PROFESSIONAL EDUCATION, SCHOOL OF CHINESE MEDICINE
HONG KONG BAPTIST UNIVERSITY

入學申請表 APPLICATION FORM

每個報讀的課程須分別填寫入學申請表。填寫此入學申請表前，請詳閱學院網頁或課程小冊子內相關的課程內容及報名須知。請用正楷填寫此表格。

Please use separate Application Form for each programme. Please refer to the Programme Information and Admission Information on our School Website or Prospectus before completing this form. Please complete this form in BLOCK LETTERS.

For office use only
Application No.:
Fee Received: HK\$
Receipt No.:

課程名稱 Programme Title 中醫學文憑課程 針灸文憑課程 中醫食療學文憑課程
(請於適當的 內填上「✓」號 中藥基礎證書課程 中藥配劑文憑課程 中藥藥劑高等文憑課程
Please put a tick in the appropriate box)

I. 個人資料 PERSONAL PARTICULARS

姓名 Name _____ (英文 IN ENGLISH) _____ (中文 IN CHINESE) 性別 Sex: _____

香港身份證號碼 HKID Card/Passport No.: _____ () 國籍 Nationality: _____ 出生日期 Date of Birth: ____/____/____
(日/月/年 dd/mm/yy)

電話 Tel. No.: _____ / _____ / _____ 傳真 Fax: _____ 電郵地址 E-mail Address: _____
(住宅 Residence) (公司 Office) (手提 Mobile)

通訊地址 Correspondence Address: _____
(請用英文正楷填寫 Please complete in block letter)

學院提倡平等學習機會予所有人士。為了配合學生的需要，請在此申請表上說明你是否在學習或考試方面需要特殊安排。如有需要，學院將與你聯絡以了解更多相關資料。

The School offers equal opportunities to all applicants with or without disabilities. To enable us to meet the needs of all students, you are encouraged to indicate in this form whether you require any special assistance for learning or examination. The School may approach you to obtain further details.

是否需要特殊學習安排 是 Yes 否 No
Special educational arrangement needed

II. 教育程度 EDUCATION LEVEL (請於適當的 內劃上「✓」號 Please put a "✓" in the appropriate box)

中五以下 Below F.5 中五 F.5 中六、中七 F.6, F.7
 大學 University 大專 Post-Secondary 研究院 Postgraduate

III. 學歷 ACADEMIC QUALIFICATIONS (按先後次序排列 in chronological order)

學位 / 文憑 / 證書 Degree/Diploma/Certificate	頒發機構 Name of Awarding Institution	頒發日期 Date of Award	主修科目 Main Subject

IV. 語文程度 LANGUAGE STANDARD (請於適當的 內劃上「✓」號 Please put a "✓" in the appropriate box)

中文 Chinese: 香港中學會考 HKCEE _____ 成績 Grade _____ 香港中學文憑試 HKDSE _____ 成績 Grade _____ 其他 Others _____

英文 English: 香港中學會考 HKCEE (Syl. B) _____ 成績 Grade _____ 香港中學文憑試 HKDSE _____ 成績 Grade _____ 其他 Others _____

入學申請表格

V. 專業資格 PROFESSIONAL QUALIFICATIONS/MEMBERSHIPS

頒發機構 Name of Awarding Institution	頒發日期 Date of Award

VI. 工作經驗 WORKING EXPERIENCE

機構 Organization	職位及工作性質 Position & Job Nature	日期 Period	
		由 From	至 To

** 請附上有關學歷、專業證書及工作證明之影印本

COPIES OF RELEVANT ACADEMIC CERTIFICATES AND EMPLOYMENT LETTERS MUST BE ATTACHED.

VII. 聲明 DECLARATION

收集個人資料聲明 Personal Data Collection Statement

1. 此申請表所填報的資料將被學院用作處理以下各項：

The personal information collected in this application form will be used by the School for:

- 申請人之入學申請，有關資料將於申請人被取錄後保存為學生檔案之一部份；
Processing a candidate's application and will become part of his/her student record upon successful admission to the programme;
 - 提供予大學有關的單位及工作人員，作行政、傳訊及其他相關之用途；及
Sharing with appropriate parties and personnel of the University for administration, communication and other related purposes ; and
 - 與學院有關之推廣，包括課程、活動、獎項、獎學金、助學金、特別優惠、專享優惠、其他服務，及籌款活動。
The promotion of, including but not limited to, the School's courses and programmes, activities, awards, scholarships, bursaries, special offers, privileges, other services as well as fundraising appeals.
2. 根據個人資料（私隱）條例，申請人有權查閱及更改其個人資料。如有需要，可透過電郵（電郵地址：dcpe@hkbu.edu.hk）向學院提出。學院有權就你的查閱資料要求，徵收合理的行政費用。
Under the provision of the Personal Data (Privacy) Ordinance, applicants have rights to request for personal data access or correction. Requests can be made in writing via email to dcpe@hkbu.edu.hk. The School may charge a fee to cover the administrative cost.
3. 如申請未被接納，所有提交的文件包括申請表格將會被銷毀。
For unsuccessful applications, all documents submitted together with the application form will be destroyed.

如不欲接收此聲明第(1c)項所述的任何宣傳資料，請於空格加上"✓"號。

If you do not wish to receive any promotional information as stated in point (1c) of this statement, please tick the box.

申請人聲明 Applicant's Declaration

- 申請表內之資料皆屬實，本人明白若發現任何刻意隱瞞之事實，學院將保留取消此申請之權利。
The information given in support of this application is accurate and complete. I am aware that the School reserves the right to cancel the application at any time if the information given in this application is found untrue.
- 本人明白被取錄後，將不可轉換課程。
I understand that no switching of programmes is allowed once admitted.
- 本人明白所遞交之表格及有關證明文件將不予以退還。
I understand that the submitted application form and supporting documents are not returnable.
- 本人已詳閱所申請課程之報名須知。
I have read the Admission Information for the programme I am applying for.
- 本人已細閱、明白並同意「收集個人資料聲明」的內容。
I have noted, understood and agreed to the contents of the Personal Data Collection Statement.

申請人簽署

Applicant's Signature : _____

日期

Date : _____

VIII. 問卷調查 SURVEY

你如何獲悉此課程？(可作多項選擇) How did you learn about this programme? (You can choose more than one option)

- 課程小冊子 Programme Booklet 課程簡介會 Programme Briefing Session 學院網頁 SCM Website
- 朋友 Friends 報紙 Newspaper (請註明 Please specify _____) 其他 Others (請註明 Please specify _____)

在遞交入學申請之前，請確定已附夾以下文件：

- 已簽署的入學申請表 香港身份證副本 學歷證明文件副本
- 已繳交港幣\$200報名費的大學存根或報名費之劃線支票(抬頭請寫「香港浸會大學」)
- (如報讀中藥基礎證書課程，須同時繳交學費 \$ 4,900 之支票)

請把申請寄回 / 親身交回中醫藥學院持續及專業教育部學生服務中心

地址：九龍塘浸會大學道7號賽馬會中醫藥學院大樓2樓205D室

辦公時間：星期一至五 下午3時至晚上10時

星期六 上午9時至晚上10時

(星期日及公眾假期休息)