



香港浸會大學中醫藥學院  
持續及專業教育部  
Division of Continuing & Professional Education,  
School of Chinese Medicine  
HONG KONG BAPTIST UNIVERSITY  
單科修讀申請表

APPLICATION FORM FOR SINGLE ENROLLED COURSE

PTF30

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

此表格所收集的資料將用以處理閣下之有關申請。獲錄取之新生，此表格及有關資料將予以存檔。不獲錄取申請人之資料則於甄選過程結束後予以銷毀。 The personal data provided on this form will be used by the Division of Continuing & Professional Education, School of Chinese Medicine for the purpose of processing this application. All information provided will be filed in student record if admitted, or will be destroyed after admission exercise is completed for unsuccessful candidates.

I. 個人資料 PERSONAL PARTICULARS

姓名 \_\_\_\_\_ 性別 \_\_\_\_\_  
NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
(IN ENGLISH 英文) (IN CHINESE 中文)

香港身份證/護照號碼 \_\_\_\_\_ 國籍 \_\_\_\_\_ 出生日期 \_\_\_\_\_  
HKID CARD/PASSPORT NO.: \_\_\_\_\_ ( ) NATIONALITY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(日/月/年 dd/mm/yy)

電話 \_\_\_\_\_ 傳真 \_\_\_\_\_ 電郵地址 \_\_\_\_\_  
TEL: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
(住宅 Residence) (公司 office) (手提 mobile)

通訊地址 \_\_\_\_\_  
CORRESPONDENCE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

II. 報讀科目 COURSE(S) TO APPLY

課程名稱 PRAGROMME NAME	科目名稱 COURSE NAME

- 註 Note: 1. 每科目報名費用為港幣壹百元正。學院保留決定開辦單科修讀科目及錄取新生與否的權利。  
Application fee for each course is HK\$100. The School reserves the right to offer the single enrolled courses or not.
2. 請附上身份證副本、學歷副本及已繳交報名費之大學存根。  
Copies of HKID Card, relevant academic certificates and the bank receipt of application fee (University Copy) must be attached.
3. 學員填妥表格後，可電郵至 dcpe@hkbu.edu.hk、傳真至34112918 或 郵寄至九龍塘浸會大學道 7 號賽馬會中醫藥學院大樓4樓417室 (信封面請註明課程名稱)。  
After completing the form, please email to dcpe@hkbu.edu.hk, fax to 34112918 or mail to Rm417, 4/F, Jockey Club School of Chinese Medicine Building, 7 Baptist University Road, Hong Kong Baptist University (please mark the programme name on the envelope).

III. 教育程度 EDUCATION LEVEL

- 中五以下 BELOW F.5       中五 F.5  
 中六、中七 F.6, F.7       大專 POST-SECONDARY  
 大學 UNIVERSITY       研究院 POSTGRADUATE

IV. 聲明 DECLARATION

本人 \_\_\_\_\_ (中文全名) 現申請入讀中醫藥學院持續及專業教育部課程科目。  
本人謹此聲明已清楚了解本課程科目簡介，並且在本申請表填報之資料均屬正確無訛。本人明白此申請表中的資料將用於處理本人有關之入學申請。

I, \_\_\_\_\_ (English Full Name), hereby apply for admission to module(s) offered by the Division of Continuing & Professional Education, School of Chinese Medicine.  
I declare that I fully understand the module(s) information given in support of this application is accurate and complete. I accept that all the data in this form will be used by the Division of Continuing & Professional Education, School of Chinese Medicine for the purpose of processing my application.

申請人簽署 \_\_\_\_\_ 日期 \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_