

## Program Enrolment Form 課程報名表格

To be completed by non-Hospital Authority staff

此表格由非醫院管理局職員填寫

Please read the "Notes for Application" carefully before completing this form.

請於填寫本報名表格前細閱「申請須知」

Course applied for 報讀課程：

Tick	Course Title 課程名稱	Course Fee 學費
<input type="checkbox"/>	ROLE OF LABORATORY MEDICINE IN CHRONIC DISEASE (DAY 1)	HK \$ 260.0
<input type="checkbox"/>	ROLE OF LABORATORY MEDICINE IN CHRONIC DISEASE (DAY 2)	HK \$ 260.0

### Part A 甲部 Personal Particulars 個人資料

Title 稱謂 (Please tick the appropriate box 請在適當方格內加 '✓' 號):

☐ Prof. 教授 ☐ Dr. 博士/醫生 ☐ Mr. 先生 ☐ Ms. 女士

Name in English 英文姓名：\_\_\_\_\_

Name in Chinese 中文姓名：\_\_\_\_\_

Telephone 電話：\_\_\_\_\_

Fax 傳真：\_\_\_\_\_

E-mail Address 電郵地址：\_\_\_\_\_

Correspondence Address 通訊地址：\_\_\_\_\_

Organization 機構名稱：\_\_\_\_\_

Unit/Specialty 單位/專科：\_\_\_\_\_ Position 職位：\_\_\_\_\_

Do you want to receive information about other courses in the future? 您是否願意接收日後有關其他課程的資訊?  
(Please tick the appropriate box 請在適當方格內加 '✓' 號)

☐ Yes 是 ☐ No 否

### Part B 乙部 Method of Payment 繳費方法

Cheque enclosed 附上支票 HK\$: \_\_\_\_\_

Cheque No. 支票號碼: \_\_\_\_\_  
(Made payable to Hospital Authority 支票抬頭為：醫院管理局)

**For completion by the Hospital Authority  
Institute of Health Care**  
由醫院管理局進修學院填寫

☐ Admitted 取錄 ☐ Rejected 不取錄

☐ Wait-listed 後補名單

HK\$ \_\_\_\_\_ enrolment fees accepted  
港幣 \_\_\_\_\_ 學費已收

收據只會在學員要求下發出。如需要收據，請在方格內填上 '✓' 號 ☐

Official Receipt will only be issued upon request. If Official Receipt is needed, please make a cross "✓" at ☐

**Enrolment Procedures 報名程序**

- Please complete this enrolment form and send copies of supporting documents (if specified) and cheque/ bank draft (if any) to HAIHC in person or by mail (Hospital Authority Institute of Health Care, Rm.101S, 1/F., Hospital Authority Building, 147B Argyle Street, Kowloon). Please mark "Course Title" and "Course Code (If applicable)" on the envelope. An application will be processed only upon receipt of the completed enrolment form, copies of supporting documents (if specified) and payment of application fee (if required).

請將填妥之報名表格，連同所有有關資料副本(如有註明)及支票/ 銀行本票，郵寄或於辦公時間內交回本學院。(醫院管理局進修學院：香港九龍亞皆老街 147 號 B 醫院管理局大樓一樓 101S 室) 請於信封面上註明"課程名稱"及"課程編號(如適用)"。申請將於報名表格、所有有關資料副本(如有註明)及報名費(如需要)完整收妥後才獲處理。

- HAIHC will notify applicants (by post/ e-mail/ fax) 5 working days prior program commencement.

本學院將於開課前 5 個工作天以郵寄/ 電郵/ 傳真方式通知申請者有關之取錄情況。

**Payment 繳費事項**

- Crossed cheque/ bank draft should be made payable to "Hospital Authority" and returned together with your enrolment form. Please write the applicant's name, course title and course code on the back of the cheque/ bank draft. Official receipt will only be issued upon request.

如用支票/ 銀行本票，請以「醫院管理局」名義抬頭，並加劃線，連同填妥之報名表格一併遞交。請於支票/ 銀行本票背面寫上申請人姓名，課程名稱及課程編號。收據只會在學員要求下發出。

**Refund Arrangement 退款安排**

- All fees paid are not refundable unless the program is full, canceled or in exceptional circumstance subject to the approval of HAIHC.

如非因課程額滿、取消或於特殊情況下並得到本學院同意外，所有已繳交之費用概不會退還。

- HAIHC reserves the right to make a final decision regarding to the refund arrangements.

醫院管理局保留對有關退款之最終決定權。

**Program Cancellation or Suspension 課程取消或延期**

- The institute reserves the rights to cancel/ suspend the program if it is under-subscribed.

如報名人數不足，本學院有權取消或延期舉行有關課程。

- HAIHC will notify applicants the cancellation or change of the program by e-mail/ fax.

本學院將於開課前以電郵/ 傳真方式通知申請者有關之課程取消，延期或更改。

**Bad Weather Arrangement 惡劣天氣下之安排**

- All programs will be canceled / suspended if Typhoon Signal No. 8 or above/ Black Rainstorm Warning is in force; or Typhoon Signal No. 8 will be hoisted within 2 hours as announced by the Hong Kong Observatory.

若香港天文台宣佈已懸掛或將於未來兩小時內懸掛八號或以上颱風訊號，或黑色暴雨警告已生效，當日課程予以取消/ 延期。

- All programs will be held as scheduled if Typhoon Signal No. 8 or above/ Black Rainstorm Warning is lowered at or before 6:00am for morning programs; 10:00am for afternoon programs; and 3:00pm for evening programs.

若天文台於早上六時或以前已將八號風球或黑色暴雨警告除下，所有上午課程將會如期舉行；若天文台於上午十時或以前將八號風球或黑色暴雨警告除下，所有下午課程將會如期舉行；若天文台於下午三時或以前將八號風球或黑色暴雨警告除下，所有晚間課程將會如期舉行。

**Personal Data Collection Statement 個人資料收集聲明**

- The personal data provided in this enrolment form will be used by IHC for "Program Administration". Failure to provide such data may affect the processing and outcome of your application.

本報名表格內所提供之個人資料，只會用於學院之行政用途。申請者如不提供所需資料，會對申請的處理及結果有所影響。

- Under the Personal Data (Privacy) Ordinance, you may access/correct your personal data provided. If you wish to do so, please contact HAIHC staff at 2300 7114 or e-mail to Hospital Authority Institute of Health Care [ihc@ha.org.hk](mailto:ihc@ha.org.hk)

根據個人資料(私隱)條例，你可查詢/更改所提供之個人資料。如欲提出此項申請，請與本學院職員聯絡(電話: 2300 7114) 或 電郵至 [ihc@ha.org.hk](mailto:ihc@ha.org.hk) 作出申請。