

香港助產士會 Hong Kong Midwives Association

Honorary Patron
Mrs Fan Hsu L. T., Rita, GBM, GBS, JP



名譽贊助人
太平紳士范徐麗泰人大常委

課程申請表 COURSE APPLICATION FORM

課程名稱/編號

Course Name/Code No.: _____

英文姓名 (請以正楷填寫) Name in English (BLOCK LETTER)	中文姓名 Name in Chinese
地址 Address	
聯絡電話號碼 Contact Tel. No. 住宅 Home : 工作 Work : 手提 Mobile :.	
電郵 E-mail	傳真 Fax no.
工作機構 Employing Organization	職位及所屬部門 Present Post & Department
是否會員 Membership <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	會員編號 Membership No.
只供本會填寫 For Office Use Only	
Date received	This application is <input type="checkbox"/> accepted <input type="checkbox"/> not accepted
Fee	Cheque No. / Bank
Approved by Name : Signature : Date :	
Remarks	

報名細則 Points to Note :

- 填妥表格後, 請連同學費 (請用劃線支票註明收款人為「香港助產士會」) 寄回助產士會。
Please send the completed application form with course fee (crossed cheque payable to "*Hong Kong Midwives Association*") to Midwives Association.
- 如用傳真報名, 請於七天內及開課前寄支票回助產士會。
If the application form is faxed to the Association, please send the cheque within 7 days & before the commencement of the course.
- 所有課程收費均不予以退回或轉讓。
All course fees are not refundable / transferable.
- 凡上課符合課程要求, 將獲發出席/課程證書。
Attendance/course certificate will be issued for those who have fulfilled the course requirement.