

## 全日制課程申請表

(2015-2016)

## **Full-time Programme Application Fo**

	Application Date:
rm	Application No.:

(由院校填寫 For office use only)

請以黑色原子筆並以正楷填寫申請表。

Please complete this application form in black ink and in block letters.

- 請將填妥之申請表,連同身份證、所有學歷證明文件及任何有助你申請的資料副本(如適用),交回申請院校。 Please return the completed form to the institute you apply for together with photocopies of your Identity Card, academic credentials and all information relevant to your application.
- 如欲根據過往資歷申請豁免修讀課程內的科目,請聯絡院校索取「科目免修申請表」。
  - Please contact the School for the "Application Form for Advanced Standing" if you wish to apply for exemption from a module of a programme based on prior learning.
- 請注意:申請人所提供之資料,會作保密處理。申請人有權要求查閱或更正申請表內之個人資料。如申請人未能提供足夠個人資料, 院校可能無法處理申請人的報名及提供服務。

Please note: Information supplied by applicants will be kept in strict confidence. Applicants may check or amend their personal information in the form, if necessary. In the event that applicants fail to provide adequate information, the institute may not be able to process their application and offer any service.

	課程名稱 Programme Name	課程編號 Programme Code
首選 1st Choice		
次選 2nd Choice		
第三選擇 3rd Choice		

本院校保留按需要更改原定課程細則:如上課時間、地點、任教導師等的權利。本書院也保留取錄學員與否並取消有關課程的最終權利,學員 對此不得有任何異議;如有任何爭議,本書院將有最終決定權

The Institute reserves the right to make alterations regarding the time, place, instructor and content of courses offered when necessary. The Institute also reserves the right to admit a student or not and to withdraw a programme. In any cases, the Institute holds the final decision.

2:個人資		ticulars)	, , , , , , , , , , , , , , , , , , , ,				
中文姓名			Name in English (Surname first	)	_		
性別	Sex: □男(	(M) / □ 女 (F)	身份證/護照號碼	HKID/Passport No. :	( )		
出生日期	Date of Birth :		出生地點	Place of Birth :			
國籍	Nationality :	(DD/MM/YY)	宗教(自由選擇塡報)	Religion (Optional item to fill) :			
通訊地址	Correspondence Add	dress :			· · · · · · · · · · · · · · · · · · ·		
					·		
住宅電話	Contact Phone No. :		手提電話 Mobile Phone	2 No. :			
電郵地址	Email Address :						
3:家長/監護人資料(Particulars of Parent/Guardian) (21 歲以下申請人必須填寫此部 Applicant aged below 21 must complete this Section)							
家長/監護人中文姓名, Name of Parent/Guardian in English (Surname first):							
與申請人關係 Relationship: 聯絡電話 Contact Phone No.:							
通訊地址(如與上不同) Correspondence Address (If not the same as above):							
4:推薦機構 (Recommending Organization) 如適用 (If any) 請列明機構名稱 Please specify:							

5:學歷 (Academic Quali	5:學歷 (Academic Qualifications)						
最近就讀之院校 Name of Las	st Institute Attended	d:					
完成級別 Level Completed:	□ 中六 Secon	ndary 6     □	设進文憑 Y	i Jin Diploma			
□其他 Others (請列明 Please	e specify)						
就讀年期 Year of Study:	自 From	年 YY	月 MM	至	То	年 YY	月 MM
校內最後一年成績 School F	inal Year Examination	on Results					
科目 Subjects	年份 Year	等級 Grade		科目 Subjects		年份 Year	等級 Grade
1.			5.				
2.			6.				
3.			7.				
4.			8.				
香港中學文憑考試 HKDSE		<b>经加</b>	1	到日。		F: II	<b></b>
科目 Subjects  1. 中國語文 Chinese Language	年份 Year	等級 Grade	5.	科目 Subjects		年份 Year	等級 Grade
2. 英國語文 English Language			6.				
3. 數學 Mathematics			7.				
4. 通識 Liberal Studies			8.				
1. Zeing Elseral Seaales			8.				
其他公開考試 Other Public Ex	kaminations						
公開考試 Public Examination	年份 Year	科目 Subjects		程度 Level		等級	Grade
1.							
2.							
3.							
4.							
5.							
6.							
	·	1	1				
6:傷健人士 (DISABILIT	Y)自由選擇填	[報 (Optional iten	to fill)				
你是否傷健人士? Are you a p	erson with disabilit	cy/(ies)?	No	是 Yes			
若是,請註明有關性質及程度。If yes, please indicate nature and degree of disability/(ies).							
本院校以劃一準則考慮所有入學申請。在此欄填報的資料,有助本書院衡量提供設施協助同學學習。							
All applicants will be considered on an equal basis. The collection of information about the nature and degree of any disability/(ies) will be used by the Institute to assess the provision of facilities to assist students in their studies.							
7:其他資料 (Other Info	ormation)						
閣下如何得知本院校課程	資料 From what	source(s) did you lear	n of CICE pro	grammes :			
□ 雜誌/報紙 Magazines	s/Newspapers	□ 互聯網	Internet		章程	Prospectus	
□ 親友介紹 Friends/Rel	atives	□ 老師 Tea	chers		教育居	長覽會 Education	n Exhibition
□ 明愛升學講座 Caritas Study Talk □ 過去曾就讀本院校 Former Student/Graduate							
□ 明愛校友 Caritas alum	ni						
□ 其他(請註明)Others	(please specify):						

## 8:聲明 (Declaration)

- 個人資料收集聲明 Personal Data Collection Statement
  - 甲、 閣下於申請表上所提供之個人資料將供本服務職員處理報名、註冊入學及學生事務之用。
  - The personal data provided in this form will be used by Caritas Institute of Community Education (CICE) for purposes related to the processing of application, enrolment and student administration.
  - 乙、 本服務亦會使用申請表上所提供之個人資料向閣下發放本服務的資訊,包括即將舉辦之活動、開辦之 課程、各項優惠及服務等。 只有香港明愛之職員才會處理有關之個人資料,所有個人資料均不會轉交 香港明愛以外的第三者使用。
  - ii. The personal data provided in this form will also be used for delivering information including any events and functions to be held, courses/programmes to be organized, benefit and service offers etc. The personal data will be handled by Caritas Hong Kong staff only and will not be transferred to other external parties outside the Caritas Hong Kong.
  - 丙、 根據個人資料(私隱)條例,申請人有權要求查閱及更正其個人資料。請申請人以書面提出有關之要求。
  - iii. Under the provision of the Personal Data (Privacy) Ordinance, applicants have rights to request access to and correction of their personal data. Applicants wishing to amend their personal data should submit written requests to CICE.
  - 丁、 若閣下不希望接收(乙)部所述的資訊,請於以下空格內加上剔號,或在日後透過本服務的網頁選擇停止接收該等資訊。
  - iv. If you do not wish to receive information as stated in (ii) of this statement, please indicate your objection by ticking the box below. You may unsubscribe from our mailing list through our website at any time.
    - □ 請不要向本人發送明愛社區書院的消息或宣傳資訊

Please do not send me news or marketing information of CICE

- 申請人聲明 Applicant's Declaration
  - 甲、 本人謹此聲明在申請表內提供的資料均屬正確及完整。
  - i. I declare that the information provided in this form is accurate and complete.
  - 乙、本人明白若提供任何虛假或誤導性資料,本人的申請資格及學位將被取消,而一切已繳交之費用概不 银環。
  - ii. I understand that provision of any false or misleading information therein shall lead to disqualification of my application for admission and any resulting enrolment. Any fees paid will not be refunded.
  - 丙、 本人如獲取錄入學,本人當遵守明愛社區書院所有適用的守則及規例。
  - iii. I agree to comply with all the Rules and Regulations for students as stipulated by CICE if my application is successful.
  - 丁、本人已細閱、明白並同意以上之「個人資料收集聲明」及其他申請須知的內容。
  - iv. I have noted, understood and agreed to the contents of the Personal Data Collection Statement and other notes for application.

申請人簽署	Applicant signature	:		日期	Date:		
9:核對清	9:核對清單(Checklist)						
你是否已經	提交 Have you submi	itted:					
□ 已填妥	及簽署申請表				香港身份證或護照	恩副本	
Complete	Completed the application form with signature				Copy of HKID card or passport		
□ 學歷證	學歷證明副本 Copies of academic transcripts				推薦信(如適用) Le	tters of recommendation (if any)	
遞交表格時	請出示身份證/護	照及學歷證明正本	本以供核實。				
Upon submission	on of the application for	m, please produce the	e original copy HK Ide	ntity Car	d/passport and academic	transcripts for verification.	
10:院校县	事用 (For Office U	se)					
報名日期	Date of Application :	( ) DD 日 (	)MM 月(	) YY 年	學費 Tuition Fee : —	\$	
學費收據	Receipt No. :	(		)	扣減 Less:	\$	
繳費方法	Payment Method:	□ 現金 Cash	□ 易辦事 EPS		支票 Cheque		
經手人	Issued by:		日期 Date:				
備註	Remark :						