App. No.	
Remarks:	

St. Teresa's Hospital
School of Nursing
聖德肋撒醫院護士學校
Application for Admission
課程入學申請表

**Recent photo
(within 3 months)
三個月內之近照**

Professional Diploma in Nursing (Enrolled Nurse to Registered Nurse Conversion Programme)
護理專業文憑(登記護士轉制註冊護士課程)

Please complete the application form in **English** and print in **BLOCK LETTERS**
請以**英文正楷**填寫此申請表

Section I. Personal Particulars 個人資料

Full Name in English (Surname first) 英文全名 (姓氏先行)			Name in Chinese 中文姓名	
Sex 性別	Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)		HK Identity Card No. 香港身份証號碼	Religion 宗教

Residential/Correspondence Address 住址/通訊地址

Residential Telephone No. 住所電話號碼	Office/Day Time Contact No. 辦事處/日間聯絡電話號碼	Mobile Phone No. 流動電話號碼	Fax No. 傳真號碼	Email Address 電子郵件地址

Section II. Educational Qualifications 教育資歷

Secondary Schools, Colleges, Universities, etc. Attended/Attending 曾經/現正就讀的中學、學院、大學等	Qualification Obtained/ To be Obtained 已獲取/將獲取的學歷	Grade Attained 等級	Year of Study 就讀年份
e.g. Kowloon University	*Bachelor of Science (Hons) (Major: Physics)*	*cGPA3.2*	*2018-prsent (will graduate in 2021)*
e.g. Grantham Hospital, Hospital Authority	*Higher Diploma in Nursing*	*--*	*2015-2018*
e.g. Hong Kong Health College	*Associate of Science*	*cGPA 3.0*	*2013-2015*
e.g. W.T.S. Secondary School	*DSE*	*--*	*2007-2013*

Others (Please specify): 其他 (請註明):	Name of Issuing Authority 頒發機構	Grade Attained 等級	Year Attained 獲取年份
e.g. IELTS	*British Council*	*6.0*	*2020*

Section III. Educational Qualifications (Continued) 教育資歷 (續)						
Subject 科目	**HKDSE** 香港中學文憑		**HKCEE** 香港中學會考		**HKALE or Others*** 香港高級程度會考/其他	**Others, please specify** 其他，請註明
Total score (best 5 subjects)						
Subject 科目	Grade 等級	Year 年份	Grade 等級	Year 年份	Grade 等級	Year 年份	
Chinese Language						
English Language (for DSE)						
English Language (Syllabus A / Syllabus B)* (for HKCEE)						
Mathematics (Compulsory part)						
Mathematics (Extended Module 1 / Extended Module 2)*						
Liberal Studies						
Physics						
Chemistry						
Biology (English / Chinese)*						
Combined Science (Please specify in English / Chinese)* Subject 1 :_____ Subject 2 :_____						
Health Management & Social Care						
Geography						
Economics						
History						
Chinese History						
Ethics & Religious Studies						
Business, Accounting & Financial Studies						
Others: (Please specify)						

Remarks:-
1. Please provide the highest grade only 請填寫最高等級
2. * Please delete where inappropriate 請刪除不適用者

Section IV. Professional Qualifications 專業資格			
Qualification Awarded 所獲資格	Name of Issuing Authority 機構名稱	Document No. 編號	Date Obtained/Issue Date (dd/mm/yyyy) 所獲/簽發日期 (日/月/年)
e.g. Enrolled Nurse	*Nursing Council of Hong Kong*	*ENG1234567*	*01/07/2020*
e.g. BLS Provider	*The American Heart Association*	*T5-2A1*	*15/11/2020*

Section V. Working Experiences 工作經驗							
Name of Organisation 機構名稱	Name of Service Unit 服務單位名稱	Nature of Service Unit 服務單位性質	Full-time/ Part-time 全職/兼職	Position Held 職位	Date (dd/mm/yyyy) 日期（日/月/年）		Duration of experience (months)
					From 由	To 至	
e.g. Tuen Mun Hospital	Ward B3	Surgical Ward	Full-time	Enrolled Nurse	01/08/2020	present	6 months
e.g. Happy Old Age Home	--	Elderly Care	Full-time	Health Care Worker	01/06/2013	30/07/2013	2 months

Remarks: Please provide additional information with photocopies of the document that you consider as relevant to your application.
備註：　請提交報讀本課程額外資料的副本。

Section VI. Other Information 其他資料
1. Have you ever been convicted of a criminal offence in a court of law? 閣下曾否因刑事案件而被法庭定罪？ 　　Yes　是　□　　If yes, please state the reason 　　No　否　□　　如有，請詳述原因
2. Do you have any special educational needs? 閣下是否有特殊教育需要？ 　　Yes　是　□　　If yes, please describe 　　No　否　□　　如有，請詳述
3. Do you have any known physical and/or mental illness(es)? 閣下是否有任何已知的體格及/或精神疾病？ 　　Yes　是　□　　If yes, please describe 　　No　否　□　　如有，請詳述
4. Do you have Hospital Authority sponsorship? 閣下是否接受醫管局資助？ 　　Yes　是　□　　If yes, please specify the year 　　No　否　□　　如有，請註明年份
Declaration 聲明 I declare that the information given in this application form is accurate and complete. I understand that I will be disqualified for admitting to this Programme if the information provided is false.　本人聲明上述申請資料乃真實無誤。若填報的資料失實，本人了解即使成功入學也會被取消資格。 簽名　　　　　　　　　　　　　　　　　　　　　　日期 Signature: _____　Date: _____

Notice to Applicant

The personal data collected in this application form will be used by the St. Teresa's Hospital School of Nursing for the purpose of processing the application for the captioned programme. It is our policy to retain the personal data of unsuccessful applicants for a period of 3 months following the commencement of the programme. Under the Personal Data (Privacy) Ordinance, you have a right to request access to, and to request correction of, your personal data in relation to your application. If you wish to exercise these rights, please contact staff of the School.

申請人須知

本校會將本申請表所收集的個人資料，使用於處理申請報讀的課程之用。根據本校政策，未被取錄之申請人的個人資料將會由課程開始後保留叁個月。根據〈個人資料(私隱)條例〉，你有權要求查閱及改正申請表上所填報的個人資料。如你欲行使這項權利，請聯絡本校職員。