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**Recent photo**

**(within 3 months)**

**三個月內之近照**

# 請以**英文正楷**填寫此申請表

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| **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宗敎 |
| Residential/Correspondence Address 住址/通訊地址 | | | |

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| Residential Telephone No.  住所電話號碼 | | | Mobile Phone No.  流動電話號碼 | | | | | | | | | Email Address  電子郵件地址 | | | | | | | | | | |
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| **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. Grantham Hospital, Hospital Authority* | | | | *Higher Diploma in Nursing* | | | | | | | | | | *--* | | | | | *2020-2022* | | | |
| *e.g. New Territories Secondary School* | | | | *DSE* | | | | | | | | | | *--* | | | | | *2014-2020* | | | |
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| 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* | | | | | *2022* | | | |
| *e.g. IGCSE (CHINESE)* | | | | *Cambridge Assessment International Education* | | | | | | | | | | A | | | | | *2023* | | | |
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| **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 | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| Citizenship and Social Development | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| Physics | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| Chemistry | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| Biology (English / Chinese)\* | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| Combined Science (Please specify in English / Chinese)\*  Subject 1 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Subject 2 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
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| Health Management & Social Care | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| Geography | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| Economics | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| History | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| Chinese History | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| Ethics & Religious Studies | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| Business, Accounting & Financial Studies | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
| Others: (Please specify) | | | |  | |  | |  | | |  | |  | | |  | | | | |  | |
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| **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* | | | | | | | *01/07/2022* | | | | | |
| ***e.g. BLS Provider*** | | *The American Heart Association* | | | | | | | | *T5-2A1* | | | | | | | *15/11/2023* | | | | | |
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| **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. Yan Chai Hospital* | *Ward B3* | | | | *Surgical Ward* | | *Full-time* | | *Enrolled Nurse* | | | | | | *01/03/2023* | | | *present* | | | | *13 months* | |
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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。

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| **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 |  | | |
| 1. 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 | |  | | | |
| 1. 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 | |  | | | |
| 1. 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  Signature: | 日期  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。