**Part-time Programme Application Form**

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<tr>
<th>課程編號</th>
<th>Programme Code</th>
<th>課程名稱</th>
<th>Programme Title</th>
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<tbody>
<tr>
<td>第一選擇</td>
<td>1st Choice</td>
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<td>第二選擇</td>
<td>2nd Choice</td>
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<td>第三選擇</td>
<td>3rd Choice</td>
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姓名 Name (先生Mr / 太太Mrs / 女士Ms) [ ]

出生日期 Date of Birth [ ]

聯絡電話 Contact Tel. No. [ ]

通訊地址 Correspondence Address [ ]

電郵 Email [ ]

**Academic Qualifications**

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<tr>
<th>大學 / 學院 / 學校</th>
<th>University / College / School</th>
<th>最高學歷</th>
<th>Highest Qualification Attained</th>
<th>由 (日期)</th>
<th>From (Date)</th>
<th>至 (日期)</th>
<th>To (Date)</th>
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如申請人持有以下證書，請於上“/”並於註冊時遞交證書的正本以便核對。Please tick (✓) the appropriate box if you are the holder of the following certificates and bring the original certificates for validation upon programme registration.

- 英國皇家公共健康學院的基礎食物衛生證書 Royal Institute of Public Health Foundation Certificate in Food Hygiene
- 食物環境衛生署可衛生督導員證書 Basic Food Hygiene Certificate for Hygiene Supervisors recognized by Food and Environmental Hygiene Department

**Working Experience**

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<tr>
<th>機構</th>
<th>Organization</th>
<th>職位</th>
<th>Position</th>
<th>部門</th>
<th>Department</th>
<th>由 (日期)</th>
<th>From (Date)</th>
<th>至 (日期)</th>
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提名名 NOMINATED BY (如適用 if applicable):

公司名稱 Name of Company: [ ]

地址 Address: [ ]

電郵 Email: [ ]

電話 Tel. No.: [ ]

授權 Authorised by (姓名): [ ]

(職位): [ ]

簽名 Signature: [ ]

(公司章印) (如適用) with Company chop if applicable:

**MAILING LABEL** (申請人必須填寫下列三欄 Please fill in all 3 labels)

姓名 Name: [ ]

地址 Address: [ ]

[ ]

姓名 Name: [ ]

地址 Address: [ ]

[ ]

姓名 Name: [ ]

地址 Address: [ ]

[ ]
Dr. Gau (for applicants aged below 18 years of age)

I, [Name of applicant], hereby apply for the programme of [Programme Name] at the [Institution Name], and hereby consent to the following:

1. I understand that the information provided in this application form is true and complete. If any of the information provided is incorrect, misleading, or incomplete, I may be disqualified from admission or may be subject to disciplinary action.

2. I agree to abide by the rules and regulations of the [Institution Name] and the programme to which I am applying.

3. I understand that the programme requires a minimum of [Minimum Requirement] in [Required Subject(s)].

4. I agree to submit all required documents and supporting materials as requested by [Institution Name].

5. I understand that the programme is offered in [Language(s)] and that I must be proficient in [Language(s)] to succeed.

6. I understand that the programme includes [Number of Credits] credits over [Duration] semesters.

7. I understand that the programme requires [Number] work(s) of [Type(s)] to be completed.

8. I understand that the programme has a [Pass/Fail] grading system.

9. I understand that the programme requires a minimum GPA of [GPA Requirement] to graduate.

10. I understand that the programme requires [Other Requirements] as stated in the programme information.

I certify that the information provided in this application form is true and complete. If any of the information provided is incorrect, misleading, or incomplete, I may be disqualified from admission or may be subject to disciplinary action.

Signature

[Date]

[Institution Name]

[Programme Name]

For Official Use Only

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

[Signature]

[Date]

[Institution Name]

[Programme Name]