



**APPLICATION FORM FOR
ENTRY LEVEL MASTER IN OCCUPATIONAL THERAPY AND ENTRY LEVEL MASTER IN PHYSIOTHERTAPY
職業治療學碩士(準入)課程及物理學治療碩士(準入)課程申請表**

NOTES TO APPLICANTS 注意事項

- This application form should be typed or written in block letters. Please use separate sheets for details or explanations if necessary. The completed application form should be returned to the Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong.
請用正楷填寫申請表格。如空位不敷填寫時，可附另頁詳列有關資料。請將填妥之申請表格逕交或郵寄香港九龍紅磡香港理工大學康復治療科學系收。
- You are requested to attach photocopies of certificates, transcripts and other relevant documents to support information given in your application. These copies are not returnable and will be verified in due course.
申請人須隨申請表夾附所有證書、成績單及其他有關文件的副本，以證明申請表內所填報的資料正確無誤。所有證件副本將不予退還，並須於日後呈交正本核對。
- All information given in this form will be treated in **STRICT CONFIDENCE**.
所有申請資料將絕對保密。
- Provision of full and complete information in your application and completion of all items on the application form is obligatory for selection purposes. Failure to provide these data may affect the processing and outcome of your application.
申請人必須填妥申請表上所有項目及提供完整資料，以便進行評選。申請人如不提供此等資料，可能會對申請程序及結果構成影響。
- Under the Personal Data (Privacy) Ordinance, you may request for access to, and/or correction of your personal data in relation to your application. If you wish to do so, please write to Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong.
根據《個人資料(私隱)條例》，申請人可要求查閱及 / 或改正所填報的個人資料。如欲行使這項權利，請致函香港九龍紅磡香港理工大學康復治療科學系。

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| Programme applied for 申請課程名稱 | |
| Department 部門 | |

I PERSONAL PARTICULARS 個人資料

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| Name in English 英文姓名 | Surname 姓氏 | Given Name (in full) 名字 |
| Name in Chinese 中文姓名 | | Title: *Dr / Mr / Mrs / Ms / Miss 稱謂: *博士 / 先生 / 夫人 / 女士 / 小姐 |
| *HKID Card / Passport No. *香港身分證 / 護照號碼 | Date of Birth 出生日期 | Home Tel. 住所電話: Office Tel. 辦事處電話: Mobile Tel. 流動電話: Fax No. 傳真號碼: E-mail 電郵地址: |
| Permanent Address 地址 | | |

II EDUCATION / PROFESSIONAL QUALIFICATIONS (in chronological order) 學歷或專業資格 (按獲取資格先後順序列出)

| From 由 Month / Year 月 / 年 | To 至 Month / Year 月 / 年 | Name of School / College / Institute / University Attended 曾就讀學院名稱 | Certificate / Diploma / Degree Obtained (Specify Subjects and Grades) 証書 (請列明所修科目及成績等級) |
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III PRACTICAL TRAINING (e.g. apprenticeship, technical training, etc.) 職業或專門技能訓練

| From 由 Month / Year 月 / 年 | To 至 Month / Year 月 / 年 | Name & Address of Organization 受訓機構名稱及地址 | Nature of Training 訓練性質 |
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IV APPOINTMENTS HELD (in chronological order) 現任職位及過去工作經驗 (按任職先後順序列出)

| From 由 Month / Year 月 / 年 | To 至 Month / Year 月 / 年 | Name & Address of Organization 服務機構名稱及地址 | Post & Nature 職位及工作性質 (For part-time appointment, please specify 如屬兼職, 請註明) |
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V REFEREE 諮詢人

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| Name 姓名 | Position 職銜 | Your relationship with the referee 與諮詢人關係 |
| Address 通訊地址 | | |
| Telephone No. 電話號碼 | Fax No. 傳真號碼 | E-mail 電郵地址 |
| Name 姓名 | Position 職銜 | Your relationship with the referee 與諮詢人關係 |
| Address 通訊地址 | | |
| Telephone No. 電話號碼 | Fax No. 傳真號碼 | E-mail 電郵地址 |

VI OTHER INFORMATION RELEVANT TO THIS APPLICATION 其他對本申請有關之資料

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VII DECLARATION 聲明

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| <p>I declare that the information given above is true and accurate to the best of my knowledge. 本人謹聲明以上提供之資料全屬確實無訛。</p> <p>Signature 簽署: _____ Date 日期: _____</p> <p>Name 姓名: _____ (IN BLOCK LETTERS 請用正楷)</p> |
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*Please delete whichever not applicable 請刪去不適用者

FOR OFFICE USE ONLY

| Test / Interview 測驗 / 面試 | Date / Time 日期 / 時間 | Reference No. 編號 |
|-----------------------------|------------------------|---------------------|
| Results 成績 | | |