



CUHK-WHO Collaborating Centre for
Sports Medicine & Health Promotion



Physical Fitness Association of
Hong Kong, China

Certificate in Sports Medicine and Health Science for Health and Fitness Professionals 2006 運動醫學及健康科學證書課程 (健康及體適能專業人士)

個人資料 Personal Particulars

姓名(請以正楷填寫) 稱謂:醫生/先生/太太/女士/小姐 中文 Chinese	Name (surname first, in block letters) Title: Dr./Mr./Mrs./Ms./Miss 英文 English
<small>(As shown in your HKID card 姓名必須與身份證相符)</small>	
性別 Sex	出生日期 Date of Birth 香港身份證/護照號碼 HKID/Passport No. ()
通訊地址(請用英文填寫) Correspondence Address	
電話 (辦事處) Tel (Office)	(流動電話) (Mobile)
	傳真 Fax
	電子郵箱 Email
工作機構 Name of Employer	現職 Current Position

學歷 Academic Qualifications

機構 Institution	課程名稱 Programme Name	證書/文憑/學位 Cert/Dip/Degree

專業資格 Professional Qualifications

專業資格 Professional Qualification	頒發機構 Awarding Institution	頒發日期 Date of Award

工作經驗 Working Experience

工作機構 Name of Employer	職位 Position	日期 (由/至) Date (From/To)

請於 **二零零六年三月二十四日** 前把填妥表格連同 (1) 有關學歷文件副本及 (2) 兩張分別抬頭予「香港中文大學」之學費及報名費支票交回本中心 (地址:新界沙田威爾斯親王醫院臨床醫學大樓五樓 74029 室)。

Please send the completed form together with (1) copies of relevant credentials and (2) Programme fee and application fee in the form of two separate crossed cheques made payable to "The Chinese University of Hong Kong" **on or before 24 March, 2006** (Address: Room 74029, 5/F., Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T.).

聲明 Declaration

本人謹聲明在申請表中所填報之資料均屬正確及完備，並明白若填報之資料失實，本人之入學申請及修業資格將被取消。

I declare that the information given in support of this application is accurate and complete, and understand that any misrepresent will result in disqualification of my application for admission and subsequent enrolment in the University.

簽署
Signature of Applicant

日期
Date