



THE PRINCE PHILIP DENTAL HOSPITAL
Application Form for Enrolment to
Advanced Diploma in Dental Technology and
Diploma in Dental Surgery Assisting
for the Academic Year 2021/22

For Official Use	
Candidate No.	DT21-
	DSA21-
Receipt No.	/ 2022
Interview Date	

Notes to Applicants

- Please read the section of "Admission and Student Affairs" on the Hospital's website (<https://ppdh.org.hk>) carefully before completing this Form.
- Please complete **ALL sections** in **BLOCK LETTERS**.
- Applicants are required to attach **copies of the academic certificates and/or testimonials** to this Form.
- If selected for interview, the originals of all relevant documents should be presented.
- Applications should be submitted to "Room 5B13, Para-dental Training Centre, The Prince Philip Dental Hospital, 34 Hospital Road, Hong Kong".
- Please pay the **application fee of \$150** (which is non-refundable) to "The Prince Philip Dental Hospital" when submitting this Form.
- Personal data of successful applicants will be kept permanently as part of the student records. Other applicants' personal data will be destroyed one month after the course commencement.

COURSE(S) TO APPLY FOR (Please put a "✓" in the appropriate box)
Note: For course(s) you DO NOT wish to apply, please leave the corresponding box(es) in blank

	1st Choice	2nd Choice
1. Advanced Diploma in Dental Technology	<input type="checkbox"/>	<input type="checkbox"/>
2. Diploma in Dental Surgery Assisting (Full-time)	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL PARTICULARS (Please put a "✓" in the appropriate box)

Name in English (as appeared on HKID Card/ Passport) (Surname first)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Name in Chinese

Gender Male Female

Date of Birth Day Month Year

HKID Card No.

Correspondence Address

Room/ Flat/ House Floor Block Building/ Village

Estate/ Court/ Street/ Road

District HK KLN NT

Home Telephone No. **Mobile Phone No.**

E-mail Address

EDUCATION (In reverse chronological order)

Date of Attendance		School Attended/ Attending	Qualification (e.g. F.1 - F.6)
From (mm/yy)	To (mm/yy)		
/	/		
/	/		
/	/		
/	/		

WORKING EXPERIENCE (In reverse chronological order)

Date of Employment		Name of Employer	Position
From (mm/yy)	To (mm/yy)		
/	/		
/	/		
/	/		
/	/		

ACADEMIC ATTAINMENT (Grades for different years may be entered, if appropriate)

Hong Kong Diploma of Secondary Education Examination (HKDSEE)

Subject	Grade	Year	Subject	Grade	Year
English Language					
Chinese Language					
Mathematics					
Liberal Studies					

Hong Kong Certificate of Education Examination (HKCEE)

Subject	Grade	Year	Subject	Grade	Year
English Language (Syl. A/ B*)					
English Language					
Chinese Language					
Mathematics					

* Please delete as appropriate

Hong Kong Advanced Level Examination (HKALE)

Subject	Grade	Year	Subject	Grade	Year
Use of English					
Chinese Language & Culture					

Other Academic Results

Year	Examination/ Institution	Subject/ Grade

OTHER RELEVANT INFORMATION

First Aid Certificate

Are you a holder of valid First Aid Certificate?

- Yes, Issued by: _____ Expired by : _____
 No

Student Visa/Entry Permit

Are you staying in Hong Kong for the purpose of education with a student visa or an entry permit issued by the Director of Immigration? Yes No

How did you learn about the courses? (You may choose more than one option)

- From Hospital Website/ Social Media From School/ Teacher
 From Hospital Notice Board/ Banner From Friends/ Relatives
 From Hok Yau Club Booklet From Social Services Centre/ Study Centre
 From Newspaper (please specify) _____ Others (please specify) _____
 From Career Exhibition (please specify) _____

Are any of your family members or friends employed by the Hospital/Faculty of Dentistry, HKU?

- Yes No

By signing this form,

- I certify that the information given in this Form is correct to the best of my knowledge and belief.
- I understand that if I wilfully give any false information or withhold any material information, I shall render myself liable to dismissal if I am enrolled in the course.
- I acknowledge and agree with the Hospital's terms of "Statement of Collection of Personal Data from Applicants" in the section of "Admission and Student Affairs" uploaded on its website (<https://ppdh.org.hk>).

Applicant's Signature _____

Date _____