

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

	1 st Choice	2 nd Choice	3 rd Choice
1. Advanced Diploma in Dental Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diploma in Dental Surgery Assisting (Full-time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Diploma in Dental Surgery Assisting (Part-time)	<input type="checkbox"/>	<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):

Name in Chinese: _____ **Gender** Male Female**Date of Birth** (DD/MM/YYYY): _____ **HKID Card No.:** _____**Correspondence Address:**

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)		
/	/		
/	/		
/	/		
/	/		

RESULTS OF PUBLIC EXAMINATIONS *(Grades for different years may be entered, if applicable)***Hong Kong Diploma of Secondary Education Examination (HKDSEE)**

Subject	Grade	Year	Subject	Grade	Year
English Language					
Chinese Language					
Mathematics					
Citizenship and Social Development					

Hong Kong Certificate of Education Examination (HKCEE)

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

* 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/ Social Services Centre/ Study Centre

From Hospital Notice Board/ Banner From Friends/ Relatives

From Hok Yau Club Booklet From Career Exhibition (please specify) _____

From Mingpao JUMP Others (please specify) _____

DECLARATION

1. I certify that the information given in this Form is correct to the best of my knowledge and belief;
2. 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; and
3. I acknowledge and agree with the Hospital's terms of "Personal Data Collection Statement" in the section of "Notes to Applicants".

Applicant's Signature: _____ Date: _____