



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 2022/23

For Official Use	
Candidate No. DT22-	
	DSA22-
Receipt No. / 2023	
Interview Date	

Notes to Applicants

- 1 Please read the section of "Admission Requirements" and "Admission and Student Affairs" on the Hospital's website (<https://ppdh.org.hk>) carefully before completing this Form.
- 2 Please complete **ALL sections** in **BLOCK LETTERS**.
- 3 **Application Form**, together with **copies of academic transcripts/certificates** and **application fee in cheque/cashier order**, should be **posted to:** Para-dental Training Centre, Room 5B13, The Prince Philip Dental Hospital, 34 Hospital Road, Sai Ying Pun, Hong Kong
- 4 **Application fee of \$180** (non-refundable) should be in **CHEQUE / CASHIER ORDER** and payable to "The Prince Philip Dental Hospital".
- 5 If selected for interview, the originals of all relevant documents should be presented.
- 6 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	3rd 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)

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Name in Chinese **Gender** Male Female

Date of Birth DD MM YYYY **HKID Card No.** ()

Correspondence Address

<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 80%; height: 15px;" type="text"/>
Room/ Flat/ House	Floor	Block	Building/ Village

Estate/ Court/ Street/ Road

HK KLN NT
District

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

E-mail Address

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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					

* 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

COVID-19 Vaccination

Have you received the third dose of COVID-19 Vaccine?

- Yes, I have received the third dose on _____
- No, I have only received 0 / 1 / 2 * (delete as appropriate) dose(s) as I am exempted from receiving additional dose(s) due to my medical condition. Expiry date of exemption: _____
- None of the above, please specify reason: _____

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