

持續進修發展計劃編號

C.E.D.P. Code: _____

學生編號

Student ID: _____

<input type="radio"/> 基礎健康照顧證書課程 (各科目達到 80%或以上出席率才能參加考試) (Fundamental Health Care Training Programme. Student must attain an overall attendance rate of 80% or above in order to partake in exam) <input type="checkbox"/> I 階(Level) <input type="checkbox"/> II 階(Level)	<input type="radio"/> 專業健康陪月課程 (90%或以上出席率才能參加考試) (Professional Post-natal Care Course. Fundamental Health Care Training Programme. Student must attain an overall attendance rate of 80% or above in order to partake in exam) 期數(Series): _____	<input type="radio"/> 其他(other)
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個人資料 Personal Data				相片 photo
中文姓名 Name in Chinese		外文姓名 Name in English		
性別 Gender		國籍 / 籍貫 Nationality/Native Place		
出生日期 Date of birth		證件類型及編號 ID card number		
流動電話 Mobile number		電子郵件 E-mail		
住址 Address				
學歷 Academic Qualifications		現任機構名稱 Company name		職位 / 職業 Position held
- 課程開班或取錄與否，報名費一律不退還；- 註冊後或中途退出課程，無論任何形式付款，學費概不退還。 Remarks: All fees are non-refundable upon all circumstances.				

- 註：** 1. 本人授權澳門鏡湖護理學院使用本申請表內有關的個人資料作處理申請入學之用；
2. 本人明白若獲得學院取錄，本人的資料將會轉為學生檔案，並用於學生事務的相關事宜上；
3. 申請人有權依法申請查閱或更正其存於本學院的個人資料。

Remarks:

- I hereby authorize Kiang Wu Nursing College of Macau to use my personal data in this application form for use in handling admission affairs;
- I understand that should I be eligible for admission to KWNC, my personal data shall be transferred to the College as a student file, which shall be used in related student affairs;
- The applicant has the right to check or amend any personal data kept in the College file according to law.

***學院保留最終解釋權。**

☐ 本人知悉及同意。

簽名(Signature): _____ 日期(Date): _____ 年 _____ 月 _____ 日