

CHILDREN'S THALASSAEMIA FOUNDATION 地中海貧血兒童基金

持續進修資助申請表 Application for Continuing Education Program

I. Personal Particulars of Applicant 個人資料:

Name 姓名 :	(English 英文)(Chinese 中		(Chinese 中文)	
HKID No 香港身份証號碼 :				
Date of Birth 出生日期 :	(DD)	(MM)	(YYYY)	
Place of Birth 出生地點 :		Sex 性別:		
Address 地址 :				
 Tel 電話 :	(Hon	ne 家)	(Mobile 手提	
E-mail 電郵 :				
Payable to 支票抬頭 :				
II. Education Level 教育程	星度:			
Highest education attained 最高學歷	≅: (Snecify levels and res	ults 鉛明級則及成績)		
Trighest education attained 取同学型	e. (Specify levels and les	utts 武·州級加汉/X線/		
III. Current Occupation 就	業情況:			
(A) If studying 如現在是學生:				
Name of School Attending 學校名稱:		C	Class 年級:	
□ Day School 日校, □ Nigh	t School 夜校, Others, plea	ase specify 其他,請註	:明:	
(B) If working 如現在有工作:				
Present employer 僱主:		Position 職位	:	
(☐ Full-time 全職, ☐ Part-t	zime 兼職, 🗌 Temp 臨時工)		
Average Monthly Income 每月	平均收入:			
(C) If unemployed 如現在失業:				
How long 有多久:	Previous job) 失業前的工作:		
Reasons of Unemployment #				
IV. Information of the Con	atinuing Education Prog	ram 持續准修資料	<u>\</u> .	
Is it the first time applying for C7				
是否首次申請地中海貧血兒童基金持續進修資		是 是		
If not, please specify first app	lication date			
如否,請註明首次申請之日期				



CHILDREN'S THALASSAEMIA FOUNDATION 地中海貧血兒童基金

V. Information of the Course(s) 報讀課程資料:

Name of Course 課程名稱:			
Starting Date 開課日期: Completion Date 完成日期:			
Name of Institution providing the course 提供課程之學校或機構名稱:			
Total Course Fees 課程所需費用總額:			
Have you applied for study assistance: 你曾否申請其他助學金:			
1. The Grant and Loan from the Government 政府助學金			
If yes, the result of your application 如答案是"有",申請結果是:			
2. Continuing Education Fund (CEF) 持續進修基金			
VI. Thalassaemia History 地中海貧血歷史:			
Hospital 受診醫院: Doctor-in-charge 主診醫生:			
Medication 現時接受藥物:			
Any other Cooley in your family? 家中重型地貧病友人數?			
Are you a member of The Thalassaemia Association of HK? 現為地中海型貧血病協會會員?			
☐ Yes 是 Membership No.會員編號: ☐ No 否			
Health Condition 健康情況: ☐ Good 良好 ☐ Satisfactory 滿意 ☐ Poor 差			
Bone Marrow / Cord Blood Transplant 骨髓/臍帶血移植? Yes 有 No 否			
If yes 如有: Date 日期: Result 結果: □ Successful 成功 □ Unsuccessful 不成功			
Checklist of Application 申請備忘			
□ 1. Have you completed Part I to VI on the application form? 你是否已經填妥申請表上 I 至 VI 項?			
□ 2. Have you enclosed course details? 你是否已附上課程簡介?			
□ 3. Have you enclosed the official receipt? 你是否已附上學費單?			
□ 4. Have you enclosed copy of course certificate?你是否已附上課程修畢証書副本?			

地中海貧血兒童基金 Children's Thalassaemia Foundation

Room 1102, 11/F, SUP Tower, 75-83 King's Road, North Point, Hong Kong 香港北角英皇道 75-83 號聯合出版大廈 11 樓 1102 室 Tel 電話: 2523-5400 Fax 傳真: 2818-0636