



CHILDREN'S THALASSAEMIA FOUNDATION

地中海貧血兒童基金

持續進修資助申請表 (第二期)

Application for Continuing Education Program (Phase II)

I. Personal Particulars of Applicant 個人資料:

Name 姓名 : _____ (English 英文) _____ (Chinese 中文)

HKID No 香港身份證號碼 : _____

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 : _____ (Home 家) _____ (Mobile 手提)

E-mail 電郵 : _____

Payable to 支票抬頭 : _____

II. Education Level 教育程度:

Highest education attained 最高學歷: (Specify levels and results 說明級別及成績) _____

III. Current Occupation 就業情況:

(A) If studying 如現在是學生:

Name of School Attending 學校名稱: _____ Class 年級: _____

Day School 日校, Night School 夜校, Others, please 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-time 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 失業原因: _____

IV. Information of the Continuing Education Program 持續進修資料:

Is it the first time applying for CTF Continuing Education Program? Yes No
是否首次申請地中海貧血兒童基金持續進修資助? 是 否

If not, please specify first application date

如否, 請註明首次申請之日期 _____



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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 Yes 有 No 沒有

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 Yes 有 No 沒有

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

Signature 簽名: _____ Date 日期: _____

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證書副本?