



# CHILDREN'S THALASSAEMIA FOUNDATION

## 地中海貧血兒童基金

### 就業培訓資助申請表

### Application for Employment Training Assistance

#### 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) \_\_\_\_\_

Skills 技能: (e.g.例如, computer 電腦, shorthand 速記, typing etc 打字,等,) \_\_\_\_\_

#### 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: \_\_\_\_\_



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### IV. Information of the Training Program 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: \_\_\_\_\_

Funding Assistance Requested 申請資助總額: \_\_\_\_\_

Reasons for Funding Assistance 申請資助原因: \_\_\_\_\_

Career Objectives 個人事業發展目標: \_\_\_\_\_

Briefly describe how the above training course will help you in your present or future career:

請簡述該課程對你現在或將來的工作有任何幫助:

Have you applied for study assistance (such as the Grant and Loan from the Government) from other sources? 你曾否申請其他助學金 (例如: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: \_\_\_\_\_

If no, why? 如“沒有”,為什麼? \_\_\_\_\_

### V. 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



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### VI. Family Background 家庭背景:

Name of Father 父親名稱: \_\_\_\_\_ Age 年齡: \_\_\_\_\_ Occupation 職業: \_\_\_\_\_

Name of Mother 母親名稱: \_\_\_\_\_ Age 年齡: \_\_\_\_\_ Occupation 職業: \_\_\_\_\_

No(s). Of Dependant Household Members 需要照顧家庭成員人數: \_\_\_\_\_

Are you or your family receiving CSSA? 你和你的家庭成員是否正在接受綜合援助?  Yes 是  No 否

If 'yes', how much 如答案是“是”，每月的綜援金是 \_\_\_\_\_ 元

Total Family Income per month 包括所有家庭成員及你自己，你的家庭每月總收入是 \_\_\_\_\_ 元

The place where you are living with your family is: 你現在和家人居住的單位是:

Rented 租  Monthly Rent 每月租金: \_\_\_\_\_

Mortgaged 按揭  Monthly Mortgage 每月供款: \_\_\_\_\_

Self-owned 自置

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?

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

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#### **FOR OFFICE USE ONLY** 以下基金會專用

Eligibility: HKPR: Y/N      Thalassaemia Major/ Intermediate /Ex-Thalassaemia Major

Education: \_\_\_\_\_ Skills: \_\_\_\_\_

Interview: Y/N      Date/Time: \_\_\_\_\_

Comment: \_\_\_\_\_

Result of Application: Accepted/declined

If accepted, amount of assistance recommended \_\_\_\_\_