



HONG KONG ASSOCIATION OF FAMILY MEDICINE
AND PRIMARY HEALTH CARE NURSES

香港家庭醫學及基層健康護士協會

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九龍黃大仙沙田坳道 118 號聖母醫院中央護理部 電話：(852)23540558 傳真：23540525

Application Form 申請表格

Course/ Seminar Name 課程/講座名稱	Certificate Course in Mental Health for Nurses in Primary Health Care		
Name in Chinese 姓名(中文)	Name in English 英文	HKID/ passport(First 4 digit) 身份証號碼(頭 4 位數字):	
Contact telephone no. 聯絡電話:	Email Address 電郵地址:		
Correspondence Address (Block Letter) 通訊地址:			
Rank 職位:	Year of related experience 年資:	Workplace 工作機構:	
Association member 本會會員: Yes(是) <input type="checkbox"/> ● HKAFMPHCN <input type="checkbox"/> ● CNA <input type="checkbox"/> ● HKAOHN <input type="checkbox"/> ● Public health <input type="checkbox"/> Membership No. 會員號碼: _____	No(否) <input type="checkbox"/>	Member(會員): \$600 <input type="checkbox"/> Bank(銀行名稱): _____ Cheque No(支票號碼): _____	Non-member(非會員): \$800 <input type="checkbox"/> Bank(銀行名稱): _____ Cheque No(支票號碼): _____

Notes for enrollment 報名須知：

- Please send the duly completed enrollment form and a cross cheque payable to "Hong Kong Association of Family Medicine and Primary Health Care Nurses Limited" by post to CND, OLMH, 118 Shatin Pass Rd., Wong Tai Sin, Kowloon on or before 1 Aug 2013 and envelop course title. (表格填妥後，連同回郵信封及劃線支票註明收款人為--香港家庭醫學及基層健康護士有限公司於 2013 年 8 月 1 日前寄回本會址：九龍黃大仙沙田坳道 118 號聖母醫院中央護理部，信封面註明課程/講座名稱。)
- Course is only for those participants registered and not transferable. 課程只准已報名之學員上課，學額不得轉讓他人

Signature(簽署): _____

Date (日期): _____

Official Use

Received date	Accept	Not accept	Remark
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