



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	2014 Motivational Interviewing		
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): 1. MI Workshop on 21/2 or 22/2/2014 \$2200 <input type="checkbox"/> 2. Wellness Champion workshop \$2800 <input type="checkbox"/> Bank(銀行名稱): _____ Cheque No(支票號碼): _____	Non-member(非會員): 1. MI Workshop on 21/2 or 22/2/2014 \$2400 <input type="checkbox"/> 2. Wellness Champion workshop \$3000 <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 Feb 2014 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--**Hong Kong Association of Family Medicine and Primary Health Care Nurses Limited** 於 2014 年 2 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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