



Hong Kong Academy of Naturopathy

香港自然療法學院

Co-operation with ANMA 美國自然醫學會合作單位



九龍尖沙咀山林道8號高荔商業中心 5 樓
5/F, Glory Centre, 8 Hillwood Road, Tsushatsui, Kowloon, Hong Kong

Website: <http://www.hkan.edu.hk>
Tel. No.: (852) 8103 9388

報名表格 Application for Enrollment Form

(請用正楷填寫此表格 Please complete this form in BLOCK LETTERS.)

報讀課程 Course applied for

課程編號 Course Code	課程名稱 Programme Title

甲部 Part A : 個人資料 Personal Particulars

香港身份證/護照號碼 **HKID Card/Passport No.:** _____ () 簽發國家(如有) **Issuing Country (if any)** _____ 會員編號(如有) **Member No. (if any)** _____
(用作核實人之身份 For verification of the applicant's identity)

稱謂 **Title** 先生 Mr 太太 Mrs 女士 Ms 小姐 Miss

英文姓名 **Name in English:** _____ 中文姓名 **Name in Chinese:** _____
姓氏 Family name 名字 Give Name (姓名必須與香港身份證或護照相同 Must be the same as shown on HKID card/Passport)

出生日期 (日/月/年) **Date of Birth:** _____ - _____ - _____ (dd/mm/yy) 職業 **Occupation:** _____

流動電話 **Mobile no.:** _____ 住宅電話 **Home Telephone:** _____

辦事處電話 **Office Telephone no.:** _____ 辦事處傳真 **Office Fax No.:** _____

電子郵箱地址 **E-mail Address:** _____

通訊地址 **Correspondence Address:** _____

緊急事故聯絡人- 姓名 **Emergency Contact Person - Name:** _____ 電話號碼 **Phone No.:** _____

乙部 Part B : 付款方法 Method of Payment

支票 / 銀行本票號碼 **Cheque / Bank Draft no.** _____ 抬頭人為『香港自然療法學院有限公司』
 Payable to "Hong Kong Academy of Naturopathy Limited"

銀行直接入帳 (香港中國銀行 - 帳號 012-676-1-015373-3) 請附上銀行入帳收據。
 Bank in (Bank of China - Account no. 012-676-1-015373-3) Please submit together with the bank in slip.

現金
 Cash



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丙部 Part C : 學歷及專業資格 (請順序列出) Academic & Professional Qualifications (in chronological order)

由月/年 From MM/YYYY	至月/年 To MM/YYYY	頒授機構 Issuing Authority	學歷 / 專業資格 Academic / Professional Qualifications	頒發日期 Date of issue

請附上有關學歷及專業資格之證明副本(如適用)。 Please provide copies of documentary proof for the Academic and Professional Qualifications (if applicable).

丁部 Part D : 工作經驗 (請順序列出) Working Experiences (in chronological order)

由月/年 From MM/YYYY	至月/年 To MM/YYYY	公司名稱及地址 (如屬兼職, 請予註明) Company Name & Address (If part-time, please specify)	職位 Position	職責簡述 Scope of duties

附上有關工作經驗 / 推薦之證明副本(如適用)。 Please provide copies of documentary proof for work experience / references (if applicable).

戊部 Part E : 注意 Notes

本學院保留學科申請的最終決定權, 未獲本學院接納之申請將按指定程序退回。

We reserve the right on the ultimate decision for the application of course. We will follow the internal guideline to return all corresponding documents for unsuccessful application.

本申請表內所填寫的個人資料均受香港私隱條例保障, 只用於本學院行政範圍之內, 不會轉交予第三者作任何用途。

In line with Data Privacy requirement, all the information provided in the application form is used for the sole purpose of administration of the Hong Kong Academy of Naturopathy and transferal of data to third party will not be arranged.

己部 Part F : 聲明 Declaration

1. 本人聲明在此報名表格及隨附文件所載一切資料, 依本人所知均屬完整真確。

I declare that all information provided in this form and the attached documents are, to the best of my knowledge, accurate and complete.

2. 本人同意如本人因任何理由退出已報讀之課程(於課程開課前 14 天起計算至課程完結日期間), 所交款項將不獲退還, 亦不可申請將所交款項轉為其他用途。
I consent to no refund will be arranged upon successful application (from 14 days before course begin till the completion of course). I also consent to transfer of tuition fee for other purposes will not be entertained.

3. 本人明白講師及學院職員有權因學員滋擾、破壞或阻礙授課或阻礙課堂進行而即時取消學員資格, 而所交款項亦不獲退還。

I realize the lecturer(s) and/ or staff of institute have the absolute right to terminate the studentship with immediate effect without refund when the student misbehaved or performing any act result to discontinuation of class.

4. 本人已詳閱報名表格內之申請須知, 並明白所有報名須知詳情均以本學院課程概覽及網頁之最後更新為依歸。

I have read the "Notes for Application" in this form and understood that the details of the enrollment guidelines are subject to revisions in the Hong Kong Academy of Naturopathy prospectus and latest update in our website.

簽名

日期

Signature: _____

Date: _____