

To be completed by TB staff

Application Number \_\_\_ : \_\_\_\_\_

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## Course Application – Supplementary Sheet

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(Applicable to non-placement-tied course applications made at one time)

### (I) Personal Particulars

English Name	:	_____
Chinese Name	:	_____
HKID Card No.	:	_____

### (II) Course(s) Applied (please indicate priority)

Course	Course Title	Course Code	Training Centre	
			1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice

Relevant Work Experience : \_\_\_\_\_ year(s) ;  In-service practitioner

Course	Course Title	Course Code	Training Centre	
			1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice

Relevant Work Experience : \_\_\_\_\_ year(s) ;  In-service practitioner

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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Remarks: \_\_\_\_\_

Name of Staff: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_ Chop of Training Body: \_\_\_\_\_