



**Professional Diploma in Occupational Safety and Health**  
**職業安全及健康專業文憑課程**

| APPLICATION FOR ADMISSION   |  | For Office Use only |
|---|--|---------------------|
|   |  | Application No.:    |
| <p><b>Notes to Applicant:</b><br/>Please send completed application form to School of Continuing Education, 2/F Franki Centre, 320 Junction Road, Kowloon Tong with the following documents (Please mark "Application for PDOSH" on the envelope):</p> <ol style="list-style-type: none"> <li>1. Photocopies of certificate/diploma/degree and relevant transcripts;</li> <li>2. Evidence of relevant working experience, if applicable;</li> <li>3. A crossed cheque for application fee of HKD120 made payable to "Hong Kong Baptist University"; and</li> <li>4. A photocopy of your HKID card.</li> </ol> |  |                     |

| PERSONAL PARTICULARS |       |  |       |
|----------------------|-------|--|-------|
| Name:                |       |  | Photo |
| Chinese Name:        |       |  |       |
| HKID No.:            |       |  |       |
| Date of Birth:       |       | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |       |
| Contact Tel:         | Home: | Office:                      Mobile:                               |       |
| Email:               |       |  |       |
| Address:             |       |  |       |

| EDUCATION AND ACADEMIC QUALIFICATION (in chronological order) |    |                              |                         |                        |                          |
|---|----|------------------------------|-------------------------|------------------------|--------------------------|
| Date  |    | Name of School / Institution | Full-time/<br>Part-time | Qualification Obtained | Date of Award<br>(mm/yy) |
| From  | To |                              |                         |                        |                          |
|   |    |                              |                         |                        |                          |
|   |    |                              |                         |                        |                          |
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|   |    |                              |                         |                        |                          |

| PROFESSIONAL QUALIFICATIONS / MEMBERSHIPS (Please fill in if applicable) |                    |  |                           |
|--|--------------------|--|---------------------------|
| Name of Association /<br>Professional Institution                        | Professional Title | Means of Attaining<br>X = by Examination<br>E = by Election<br>S = by Subscription | Date Conferred<br>(mm/yy) |
|  |                    |  |                           |
|  |                    |  |                           |
|  |                    |  |                           |

| WORK EXPERIENCE (in chronological order) |    |              |                         |
|--|----|--------------|-------------------------|
| Date                                     |    | Organization | Position and Job Duties |
| From                                     | To |              |                         |
|  |    |              |                         |
|  |    |              |                         |
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|  |    |              |                         |

| OTHER INFORMATION   |
|---|
| Will you apply for Continuing Education Fund for this programme?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| How did you learn about this programme?<br><input type="checkbox"/> Leaflet <input type="checkbox"/> Prospectus <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper: _____<br><input type="checkbox"/> Others, please specify: _____ |

| DECLARATION  |
|--|
| I declare that:  |
| 1. I understand that all information provided will be used in the admission process, the data will also become a part of my student record and may be used for all purposes relating to studies in accordance with the procedures of the School.   |
| 2. The information given in support of this application is accurate and complete. I am aware that the School of Continuing Education of Hong Kong Baptist University reserves the right to cancel my application at any time if the information given in this application is found untrue. |
| _____<br>Signature   |
| _____<br>Date  |

| FOR OFFICE USE     |  |
|--------------------|--|
| Documents received | <input type="checkbox"/> HKID Card <input type="checkbox"/> Application fee <input type="checkbox"/> Academic credentials <input type="checkbox"/> Evidence of work experience<br><input type="checkbox"/> Others: _____ |
| Application        | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved   |
| Authorized by      | (    /    /    )   |
| Verification by    | (    /    /    )   |
| Remarks            |  |