

PROFESSIONAL QUALIFICATIONS / MEMBERSHIP (in Chronological Order)

Date of Award	Name of Awarding Institution	Qualification Obtained

WORK EXPERIENCE (in Chronological Order)

Period		Organization	Position
From	To		

OTHER INFORMATION

How did you learn about this programme? (Please)

Leaflet Hospital Newspaper (Apple Daily / Metro / Headline)
 Internet Colleagues/Friends Others _____
 School Prospectus Association of HK Nursing Staff

DECLARATION

(a) 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.

(b) 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.

Signature of Applicant : _____ Date : _____

FOR OFFICE USE	Application	: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
	Remarks	: _____
	Authorized Signature	: _____ (/ /)
	Verification	: Admission status updated by : _____ (/ /)
		: Data verified by : _____ (/ /)