

## Application Form 申請表

### Personal Details 個人資料

\* Must fill item 為必須填寫項目

Surname 姓:\* \_\_\_\_\_ First Name 名:\* \_\_\_\_\_

Name to be appeared in Certificate 證書上姓名: \* \_\_\_\_\_

Sex 性別:\* \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_

ID No. / Passport 身份證 / 護照號碼: \_\_\_\_\_

Home Address 住址: \_\_\_\_\_

Email Address 電郵:\* \_\_\_\_\_ Telephone / Mobile 電話 / 手機號碼:\* \_\_\_\_\_

How did you know about this program 你從何得悉本課程的資料?

Poster / Email / Friend / Website (Please state) 海報 / 電郵 / 朋友告知 / 網頁 (請註明網址):\* \_\_\_\_\_

### Course Enrollment 報讀課程

Course Name 課程名稱: \_\_\_\_\_

Date Commence 開課日期: \_\_\_\_\_

#### Payment Method 付款方式

Cheque  
支票

#### Enquiry and Enrollment 查詢及報名

Tel 電話: 2757 6336 (播道醫院 Evangel Hospital)  
: 3116 8778 (國際美學及健康培訓學院 ICHTI)  
Email 電郵: rositacares3@hotmail.com

#### Enrollment Procedure 報名程序

- Please fill in the course application form and post together with a crossed cheque payable to "International Cosmetology & Health Training Institute Limited" addressed to 4/F, Tai Shing (Yaumatei) Commercial Building, 498-500 Nathan Road, Kowloon.

請將已填妥之申請表，連同抬頭為"國際美學及健康培訓學院有限公司"之劃線支票，郵寄到九龍彌敦道498-500號泰盛商業(油麻地)大樓四樓。

### Medical History 醫療記錄

Please give details of any mental or physical ailment which you think might affect your study or practice of aromatherapy.  
請提供您認為對學習或實習有影響的詳盡疾病(心理或身體)記錄。

### Terms & Conditions 條款及細則

- No deposit or course fee paid will be refunded once the course has started.  
課程開始後，所有已繳付學費均不能退款。
- Prior to the start of the course, any deposit paid will be refunded after deduction of administration charge of HK\$1,000.  
課程開始前，已繳的學費退款需扣減港幣壹仟元作為行政費。
- Evangel Hospital reserves the right to cancel or postpone any course. In the unlikely event of course cancellation, deposit paid will be fully refunded.  
播道醫院保留取消或延遲任何課程的權利，若課程取消，已繳付學費將全數退回。
- Evangel Hospital reserves the right to terminate the training of any student who fails to comply with course regulations or whose conduct is considered to be detrimental to the harmony of Evangel Hospital.  
違反播道醫院規則或損害醫院正常運作的學生，播道醫院有權要求學生停課。

**I agree to inform the Course Director of any change in my health, should I contract or develop a condition that is a contraindication to massage or aromatherapy.**

本人同意若本人健康狀況出現改變而導致不適宜按摩或使用香薰的話，本人會即時告知課程老師。

Signature 簽署: \_\_\_\_\_

Date 日期: \_\_\_\_\_