

專業認証學院

Academy of Professional Certification Ltd www.apc.org.hk

Application Form 申請表

Programme applied for 課程名稱	Professional	Certificat	ion in Mediatio	on 專業調解證書課程	
	(completed c	course of <	ECM>or other	r certifiate)	
Programme Code 課程編號 PCM PCM	Center 中心	佐敦	Time: 時間	Jan 12, 19, 26, Feb 2, 2013 (7-10pm)	
PERSONAL PARTICULARS 個人資料					
English Surname:	Given name:			For Office Use Only	
英文姓氏	英文名字			Member No.:	
Chinese Name 中文姓名: Date of Birth (DD/MM/YY): 出生日期(日/月/年)	/ Sex	 性別:: Ma	ale 男 /Female ダ	Membership: Form received date: Payment received date: Cash / Cheque Handled by:	
 Contact Tel. No. 電話:	Mobile N	o. 流動電記	舌: ————	–	
 Email 電郵:					
address 通訊地址:				L	
ZE#/8/27#.					
FEE 費用					
		HK \$			
 Course Fee 課程費用		5,000	Membershi	ip :Associate Members	
Membership 會費		50	Fees receiv	red: HK\$	
Certification fee 證書費用		FREE	How did yo	ou learn about APC programme?	
Total 總費用		5,050		舊悉本學院課程?	
Declaration 聲明					
After completing this Application Form, plear Academy of Professional Certification Lt		•			
填寫此申請表格後,請將表格連同申請費	支票抬頭郵寄至	"專業認	證學院有限公司]" 。	
No original document is needed at this stage.	不附原文檔				
Our Academy is a self-regulated and recognize	zed academy, and	d your certifi	cate is certificatio	n of your achievement of knowledge in	

certification from the Academy. 我們的學院是一個自我認可的學院,畢業的培訓證書,是由個別組織或雇主確定學院的認受性。 Academy of Professional Certification Ltd

Head Office: 8/F., Ford Glory Plaza, 37-39 Wing Hong Street Cheung Sha Wan, Kowloon, H.K.

Training Center: Kln office: Rm 806, 8/F Hang Bong Commercial Centre 28 Shanghai St., Jordan

培訓中心: 九龍佐敦上海街 28 號恆邦商業中心 8 樓 806 室

Declaration 聲明

1. I declared that all information given in this Application Form and the attached documents are to the best of my knowledge and belief.

It is true, accurate and complete. 本人謹此聲明在本申請表填報的資料均屬正確及完整。

the training program from which you have graduated. However it is up to the individual organization or employer to determine acceptance of

2. I have read and understood the Notes to Applicants and Enrolment Information and agreed to abide by Academy of Professional Certification Ltd regulations. 本人已詳閱及明白附上的申請人須知事項及報讀資料,並同意遵守專業認證學院的規例。

* Delete where appropriate

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Signature 簽署:	Date 日期:
orginature X F .	Bute 1773.