

項目報名表 Project Registration Form

申請人編號
Candidate No. _____

申請項目名稱 Title of the Program Applied For	香港大學醫學進修及港安醫院體驗交流項目 (HKUEEP) Hong Kong University medical education and Adventist Hospital Experience exchange program
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A 部 Section A

個人資料 Personal Particulars	
姓名 Name _____ (中文Chinese)	(英文English) _____
出生日期 Date of Birth _____ (日DD / 月MM / 年YY)	
身份證號碼 Identity Card Number _____	性別 Sex _____
你是否接受港安醫院時間調配 Will you accept schedule arrangement Yes 是 <input type="radio"/> No 否 <input type="radio"/>	
聯絡電話/流動電話 Contact telephone number/ mobile phone* _____	電郵地址 E-mail address _____
地址 Address _____	
監護人姓名 Guardian Name _____	監護人電話 Guardian Contact _____

闡述你申請該項目之原因以及目標 (如有需要可另附頁) Specify your reasons for application

闡述你對職業道德的理解, (如有需要可另附頁) Specify your understanding of business ethic

* 請刪去不適用者
 Please delete where inapplicable

B部 (可選擇是否填寫) Section B (Optional)

你是否殘疾人士 Are you a candidate with a disability? Yes 是 <input type="radio"/> No 否 <input type="radio"/> 如為殘疾人士, 請註明殘疾性質及程度, 以便作出適當的考試/面試安排 If yes, please indicate nature and degree of disability to facilitate arrangement of examination/interview
(註: 港安醫院在遴選時對殘疾人士及其他申請人均一視同仁, 如果殘疾人士經確認適合申請交流項目, 會獲優先考慮聘用。 申請人或須提交醫生證明書, 以證明他為殘疾人士。) (Note: Candidates with a disability are considered on equal terms with other applicants and will be given preference for appointment if they are found suitable. Candidates may be required to produce medical proof of their disability.)

C部 Section C

可參與時間 Date Available

香港大學醫學進修及港安醫院體驗交流項目 (HKUEEP)

Hong Kong University medical education and Adventist Hospital Experience exchange program

2015年2月1日 (星期日) - 2月13日 (星期五)

D部 Section D

本人明白倘若故意虛報資料或隱瞞重要事實，即使已獲港安醫院通知書，亦可遭取消。

I understand that if I willfully give any false information in this application form or withhold any material information, I shall render myself liable to dismissal if appointed to the service of the Hong Kong Adventist Hospital.

本人明白並同意在參與項目期間有義務自行購買有效旅遊保險。

I understand and accept that I have the accountability to purchase valid insurance for the purpose of security during the program.

本人明白並同意在除非香港港安醫院自行取消該項目，否則申請費用以及專案費用將不退還。

I understand and accept that Unless the program is cancelled by the Hong Kong Adventist Hospital, neither the application fee or program fee is not refundable.

本人明白並同意在項目舉辦方根據當時需要情況有權更改項目內容安排時間、地點以及導師。

I understand and accept that the program organizer reserves the right to change the time and place of program meetings and to change the program tutor should this be necessary.

本人明白並同意如在活動期間遇上颱風警號(八號或以上)或黑色暴雨警告，該天活動將會取消。

I understand and accept that If Typhoon Signal No 8 or Black Rainstorm Warning is in force, classes will be cancelled that day.

本人明白並同意遵守香港港安醫院的規章制度並接受醫院的項目安排。

I understand and accept that I must follow any rules and arrangement by the Hong Kong Adventist Hospital.

本人明白並同意承擔洩漏除本次活動目的外，其他有關公司資訊以及商業機密所引起的一切法律責任。

I understand and accept that should be accountable for leaking out any data or business secret besides the needs of the program.

本人明白並同意港安醫院與國際健康促進協會不承擔本人參與項目期間違反法律法規引起的任何責任。

I understand and accept that neither the Hong Kong Adventist Hospital or the International Health Promotion Association is accountable for my illegal acts during the program.

本人明白並同意遵守香港港安醫院的安排，香港港安有權取消其加入參加項目的資格，即使學生已獲錄取通知書，亦可遭無條件取消。

I understand and accept to follow all arrangement by Hong Kong Adventist Hospital, the Hong Kong Adventist Hospital have the right to render the applicants liable to disqualification for recruitment by the AHA & Company, even if the applicant have already received the offer from the Hong Kong Adventist Hospital.

本人同意，香港港安醫院可就進行與項目有關的事宜及為核實上述資料而進行必要的查詢。本人授權香港港安醫院可就這些查詢透露任何有關記錄及資料（包括在提出聘任前，向本人的現時及/或前僱主索取僱主推薦書；向有關當局/機構/醫護人員索取本人的體格檢查報告、醫事委員會報告或診療記錄，並將有關資料送交其他當局/機構/醫護人員；以及向有關院校/機構查詢本人的學歷/專業資格和索取有關記錄，並將有關資料送交其他當局/機構進行學歷評審）。

I consent to the Hong Kong Adventist Hospital making any necessary enquiries for purposes relating to the program with the Hong Kong Adventist Hospital and for the verification of the information given above. I authorize Hong Kong Adventist Hospital to release any record or information as may be required for these enquiries (including, inter alia, obtaining a reference from my current and/or previous employer(s) before offer of appointment; obtaining my medical examination reports, medical board reports or medical records from relevant authorities/agencies/medical personnel and transferring of such data to other authorities/agencies/medical personnel; and making enquiries from relevant institutions/agencies regarding my academic/professional qualifications and obtaining relevant records and transferring of such data to other authorities/agencies for qualifications assessment).

本人明白並同意，上述資料會送交獲授權處理項目的部門/機構，以便進行與招聘有關的事宜（例如學歷評審、體格檢查、操守審查及索取僱主推薦書等）。

I understand and accept that the information given above will be provided to departments/agencies authorized to process the information for purposes relating to the project of the Hong Kong Adventist Hospital e.g. qualifications assessment, medical examination, integrity checking and employer reference, etc.

本人明白並同意安提雅公司保留最終解釋權。

I understand and accept that the Hong Kong Adventist Hospital reserves the right of final interpretation.

日期 Date _____ 簽署 Signature _____