明愛白英奇專業學校



Caritas Bianchi College of Careers 2 Caritas Institute of Higher Education

Application for Admission 入学申请表格 (For Mainland /Overseas Applicants 内地/海外申请者适用)

For Office Use Only									
Application	No.								
Interview	Date	Time							

IMPORTANT NOTES 注意事项

Applications can be submitted either IN PERSON, BY EMAIL or BY POST to the Institute / College. 填妥的申请表可亲身、以电邮或以邮递方式交回本学院 / 学校。

Applicants are requested to submit together with this form PHOTOCOPIES of documentary evidence of their academic / professional credentials, identity proof and other relevant documents.

填妥的申请表,须连同学历 / 专业资格证明文件、身份证明及其他相关证明文件副本一并缴交。

Applicants will be required to produce the originals of all relevant documents for certification after their arrival in Hong Kong. 申请人抵港后须出示有关文件的正本,以便本学院/学校核对资料。

Failure to provide the required information may cause delay or render the Institute / College unable to further process the application. 申请人若未能提供所需资料,将导致延误,或令本学院/学校不能进一步处理是项申请。

PART A PERSONAL PART	TICULARS 个人	· 洛料	
Name in Chinese 中文姓名		Date of Bir 出生日期	y y y m m d d th
Name in English (Must be identical with surname 姓 · Fi		姓名 (必须与护照相同)	+ д п
ID Type Passport / Entry-Exit Permit 证件类别 护照 / 通行证*			Sex Male / Female* 性别 男 / 女*
	要/不要 * 现在	iry Date of Current Stude 的学生签证到期日(年/ <i>J</i>	ent Visa (yyyy/mm/dd) 引用)
Nationality (Household Registration Province/ Autonomou	us Region/City) La	anguage used at Home 常用语言
Daytime Contact Phone No./ Mobile No. 日间联络电话号码/流动电话(_)	Residential Te 住宅电话号码	II. No.
E-mail Address 电邮地址			
Correspondence Address 通讯地址			
Postal Code 地区号码:		Religion (Optio 宗教(可选择 [onal) 自由填报)
PARENT / GUARDIAN 父母 / 监护人			
Name in Chinese 中文姓名	Name in English 英文姓名		(First / Other Name) (名)
Relationship 与申请人关系		Daytime Contac 日间联络电话号	t Phone No. 码()
Address (Please fill out if it is not the same a 地址(如与上述通讯地址不同才需填写)	as above)		
		Postal Code 地区号码:	

PROGRAMME APPLIED FOR 报读课程 PART B

Please indicate your choice of programmes in the boxes below; "1" being your first choice. 请在以下空格按意愿填写你的课程选择,"1"为首选。

Please refer to the Appendix for the programmes offered by the Institute / College. 有关本学院 / 学校所开办课程之详情,请参阅附件。

	RAMME NAI		称	PROGRAMME CODE 1	果程编号 YEA 	R OF ENTRY 报读年级
2				_		
PART C	e Examination	n Taken Reg		ATION RESULTS 国家		
(Province/Aut 参加高考地区		• • • • • • • • • • • • • • • • • • • •		Year 年份		date No. l号
	Science		lease specify) J明)		ropriate box.请在	适当方格内加上" ✓ "号)
Subject	Chinese	English	Mathematics	Other Subject (please specify,		
科目	语文	英语 英语	数学	其它科目 (请列明科目名	【称,如综合科学)	高考总分数
Mark 分数						
PART D		其他公开考	试 / 其他学历	aminations/ Other Qualificati [e.g. GCE / GCSE / IGCSE	IB, SAT, etc.]	
Year 年份	Exar	mination / C 考试名称	Qualification / 学历	Subjects 考试科目		Grade / Level / Score 等级 / 分数
PART E		•	•	尽试) / TOEIC (多益试) 格内加上 "✓"号)		
1. Attemp	ted 曾报考					
	FL 托福试			Score 考获分数:		
□IFIT	S雅思试			/ □ iBT test 电脑试 Venue Score 考获分数:		
				Score 考获分数: Score 考获分数:		
2. Will atte						
		_	雅思试 / 🗆 多盐	É 试		
Details	报考详情:	Month	/Year月/年份	ት: Venue ይ	过考地点:	

PART F EDUCATION (SECONDARY AND POST-SECONDARY EDUCATION)

教育程度 (中学及大专教育) (in reverse chronological order 倒序填写)

Per 修读		School / Institution	Country/Province / City (e.g. China,	Form / 级	Grade 别	Programme Studied and Highest Qualifications Attained
From (mm / yy) 由 (月/年)	To (mm / yy) 至 (月/年)	就读学校 / 院校名称	Guangzhou) 所属国家/省市 (例:中国广东广州)	From 由	To 至	供读课程及考获最高学历名称 (If graduated, please ☑) (如已毕业,请☑)

PART G OTHER ACADEMIC / PROFESSIONAL QUALIFICATIONS 其它学历 / 专业资格

(in reverse chronological order 倒序填写)

Qualification Obtained 学历 / 专业资格	Obtained by (e.g., examination, election, exemption) 获取途径(如考试、推选、科目豁免)	Name of Awarding Body 颁授机构名称	Date Obtained 取得日期

PART H WORK EXPERIENCE 工作经验

(in reverse chronological order 倒序填写)

From (mm / yy) 由 (月/年)	To (mm / yy) 至 (月/年)	Name of Organisation 机构名称	Position Held 职位	Full-time / Part-time 全职 / 兼职

PART I RELATIVE / CONTACT PERSON IN HONG KONG (IF APPLICABLE) 在港亲友 / 联络人资料 (如适用)

1工	/它才:	火 1	収	71	/]	双 个	4 (:	хнд	旦川	,											
Name in Chinese 中文姓名																					
Name in English Surname 姓				I	First	/ Ot	her N	lame	es 名												
Relationship 与申请人关系											Daytin 日间联		ion	e No	ο.	_					
Address (Please fi 地址 (如与上述通证						e a	s abo	ove)													

PART J	OTHER INFORMATION IN S 其它相关资料 (如奖项)	SUPPORT C	OF YOUR APPLICATION (e.g. awards)
PART K	DISABILITY 伤健人士		
ire you a pei r是否伤健人	7. ()	Yes 是	
	indicate nature and degree of disability / 有关性质及程度。	(ies).	
es) will be u	sed by the Institute / College to assess the	e provision of fa	nformation about the nature and degree of any disability / cilities to assist students in their studies. 协本学院 / 学校衡量提供设施协助同学学习。
PART L	DECLARATION 声明		
provisio CANCE transfe 本人谨	on of any false or misleading information ELLATION of registration. Under such or rable.	n shall lead to circumstances, c备。本人明白君	omplete to the best of my knowledge. I understand that DISQUALIFICATION of application without notice and all fees paid, if applicable, will not be refundable or 告提供任何虚假或误导性资料,本人的申请资格将被取消,
. I under Caritas	estand that the information contained in Institute of Higher Education / Caritas Bia	this form will be anchi College of	e used for processing my application for admission to Careers. 请就读明爱专上学院 / 明爱白英奇专业学校课程的事宜。
	ompletion of the admission selection: 入学过程完结:		
(a) I u Ins	nderstand that personal data provided in tations and control of the control of th		rms of unsuccessful candidates will be destroyed by the
(b) Ia red 本	cord and will be used for all purposes rela-	n a programme, ting to my studie	the relevant information will become part of my student
I. I ackno	owledge that the Institute / College resets, if necessary, without prior notice.	_	o cancel any programmes and revise the programme 况随时更改所开办的课程及修订课程内容。
Signature of <i>I</i> 申请人签署	Applicant		Date 日期
ADDRESS	LABELS 回邮 地 址便条		
Name	 姓名		Name 姓名
Address	地址		Address 地址
		_	
		— <u> </u>	