

SHINE SKILLS CENTRE  
Multiple Intelligences Enhancement Programme  
Application Form

Member of VTC Group  
VTC 機構成員

注意：填寫申請表前，請先詳閱第三頁之「課程申請人及其父母 / 監護人 / 至親須知」。Important: Before filling in this form, please see (Notice to Applicant and Parent / Guardian / Next of Kin) on page 3. (請用正楷填寫)

請在適當方格內加上✓號  
Please tick in the appropriate box

1. 申請課程 CHOICE OF COURSE :

- 多元智能展亮課程 Multiple Intelligences Enhancement Programme

2. 申請中心 OFFERING OF CENTRE

- 觀塘 KWUN TONG

\*部份課程將安排其他中心/地點進行

\*Part of lessons will also be scheduled at other centres / venues

3. 申請人資料 APPLICANT'S PARTICULARS

英文姓名 中文姓名  
Name in English : \_\_\_\_\_ Name in Chinese : \_\_\_\_\_

性別 男 女 香港身份證號碼  
Sex  Male  Female HKID Card No. : \_\_\_\_\_

出生日期 日 月 年 年齡  
Date of Birth \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year Age : \_\_\_\_\_

住址 (英文)  
Home Address : \_\_\_\_\_

電話  
Tel. No. : \_\_\_\_\_

住址 (中文)  
Home Address : \_\_\_\_\_

電郵地址  
E-mail Address : \_\_\_\_\_

4. 特殊教育需要 / 殘疾類別 SPECIAL EDUCATIONAL NEEDS / DISABILITIES

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 輕度智障<br>Intellectual disability (Mild)               | <input type="checkbox"/> 言語障礙<br>Speech impairment                                 | <input type="checkbox"/> 聽障<br>Hearing impairment                 |
| <input type="checkbox"/> 中度智障<br>Intellectual disability (Moderate)           | <input type="checkbox"/> 自閉<br>Autism  | <input type="checkbox"/> 視障<br>Visual impairment                  |
| <input type="checkbox"/> 精神病<br>Mental illness                                | <input type="checkbox"/> 肢體傷殘<br>Physical disability                               | <input type="checkbox"/> 特殊學習困難<br>Specific learning difficulties |
| <input type="checkbox"/> 器官殘障 / 長期病患<br>Visceral disability / Chronic illness | <input type="checkbox"/> 注意力不足 / 過度活躍症<br>Attention deficit/Hyperactivity disorder |   |

由中心填寫 FOR OFFICIAL USE		
Application No.		
SOURCE GROUP	DISABILITY CODE	
	PRI.	SEC.
Results		
Remarks		
申請人近照 (三十八毫米 × 五十毫米) Applicant's recent photo 38mm x 50 mm		

5. **學歷 DETAILS OF PREVIOUS EDUCATION**

Dates 日期		班級 Class	學校名稱或其他學歷 School attended or other educational details
From 由	To 至		

6. **以往就業情況 DETAILS OF PREVIOUS EMPLOYMENT**

Dates 日期		職位 Post	任職機構名稱及地址 Name & Address of Employer
From 由	To 至		

7. **轉介機構 REFERRING AGENCY** (為方便記錄, 請用英文正楷填寫。 For ease of recording, please fill in English.)

機構名稱  
Name of Agency : \_\_\_\_\_

機構檔案號碼  
Agency Ref : \_\_\_\_\_

聯絡人姓名 (先生 / 小姐 / 女士)  
Name of Contact Person (Mr / Ms / Mrs) : \_\_\_\_\_

電話  
Tel No. : \_\_\_\_\_

機構地址  
Agency Address : \_\_\_\_\_

傳真  
Fax No. : \_\_\_\_\_

8. **職業評估 VOCATIONAL ASSESSMENT**

申請人曾否接受職業評估服務?  
Has the Applicant received Vocational Assessment?

是 Yes       否 No

請填寫檔案編號及曾接受評估之日期 \_\_\_\_\_  
If yes, please state the reference number and date of assessment.

9. **父母 / 監護人 / 至親資料 PARTICULARS OF PARENT / GUARDIAN / NEXT OF KIN**

姓名  
Name : \_\_\_\_\_

與申請人關係  
Relationship with the Applicant : \_\_\_\_\_

職業  
Occupation : \_\_\_\_\_

電話  
Tel. No. : \_\_\_\_\_

任職機構及地址  
Name and Address of Employer : \_\_\_\_\_

緊急事故聯絡電話  
Tel. No. for Emergency Calls : \_\_\_\_\_

展亮技能發展中心  
課程申請人及其父母 / 監護人 / 至親須知

- (一) 申請人須為香港永久性居民或無居留及工作限制之合法香港居民。
- (二) 填報於報名表之個人資料將被中心教職員用作甄選、統計和其他相關用途；及在職業介紹時，將申請人的個人資料透露給有意僱用申請人之僱主。
- (三) 提供不確實或不完整之資料將導致其申請被延誤或被取消資格。
- (四) 申請人如需要查詢其個人資料，請以書面向展亮技能發展中心院長提出。
- (五) 出席面試或註冊入學時須帶同香港永久性居民身份証（非永久性居民須帶同香港身份証及簽證身份書 / 旅遊證件）及有關學歷，履歷證件正本，並繳交三十八毫米乘五十毫米證件近照乙張。
- (六) 請將填妥之申請表格連同一切有關文件（如醫療、心理或聽覺、職業評估及個案撮要等報告）交回首選之展亮技能發展中心。

SHINE SKILLS CENTRE  
NOTICE TO THE APPLICANT AND PARENT / GUARDIAN / NEXT OF KIN

- (1) The applicant should be a permanent resident of Hong Kong or eligible to stay and work in Hong Kong without limitations by the Immigration Department.
- (2) Information provided will be used for eligibility, statistical data and other relevant or related purposes by administrative and instructional staff, and disclosed to potential employer(s) in the course of employment assistance when necessary.
- (3) Inaccurate or incomplete information will result in delay or disqualification of applications.
- (4) For enquiry of personal data, please address correspondence to the Manager of the Shine Skills Centre.
- (5) Applicants who attend interview or registration should bring along their Hong Kong Permanent Resident Identity Cards, (Non- permanent residents should bring along their Hong Kong Identity Cards, Visas and travelling documents) relevant original academic documents, employer's references and submit one 38 mm x 50 mm applicant's recent photo.
- (6) The completed application form, together with the relevant documents, (eg medical, psychological or audiological, assessment reports and case summary etc.) should be returned to the **Shine Skills Centre of first choice**.

本人明白上述須知之內容，並同意接受以上各點須知之約束及願意遵守中心一切規章。

I understand the content of the above notice, and I consent and agree to abide by the points mentioned above.

日期

Date: \_\_\_\_\_

申請人姓名

簽署

Name of

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

家長/監護人姓名

簽署

Name of Parent/

Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

## 展亮技能發展中心(觀塘) 及 展亮職業評估服務

地址： 九龍觀塘道 487 號  
電話： 2270 0900  
傳真： 2357 4042  
電郵： [you\\_shine@vtc.edu.hk](mailto:you_shine@vtc.edu.hk)

## Shine Skills Centre (Kwun Tong) & Shine Vocational Assessment Service

Address: 487 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong  
Tel : 2270 0900  
Fax : 2357 4042  
Email : [you\\_shine@vtc.edu.hk](mailto:you_shine@vtc.edu.hk)

網址： [www.shine.edu.hk](http://www.shine.edu.hk)  
Facebook: [www.facebook.com/ShineSkillsCentre](https://www.facebook.com/ShineSkillsCentre)