



Hospitality Industry Training and Development Centre

旅遊服務業培訓發展中心

Photo

Course Application Form

Please complete in block letters

Course Title _____ Preferred Class
(Class Code) _____

Name (Mr/Ms) _____ (_____) I.D./Passport No. _____
in Chinese

Date of Birth _____ Age _____

Correspondence _____ Tel (Office) _____
Address _____

_____ Tel (Other) _____

_____ Email _____

WORKING EXPERIENCE (in chronological order)

Date (Month/Year)		Name of Company/Organization	Position Held	Department	Office use
From	To				

RELEVANT TRAINING OR COURSES ATTENDED

Date (Month/Year)		Training or Courses	Name of Awarding Institution	Date of Award	Office use
From	To				

Return Address:

Name _____ Name _____

Address _____ Address _____

ACADEMIC QUALIFICATION

Date (Month/Year)		University / College / School	Highest Class Attained	Office use
From	To			

NOMINATED BY

Name of Company _____

Address _____

Authorised by (Name) _____ (Title) _____

Signature (with Company chop) _____

IMPORTANT NOTICE / POLICY ON PERSONAL DATA

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. Do **not** send tuition fees with the application form. Successful applicants will be notified regarding the payment of tuition fees.
3. Tuition fees are non-refundable and cannot be transferred to other courses.
4. Applicants may refer to the Council's Policy on Personal Data which is available from the general office of the training centre.

I declare that the data given in this form is accurate and complete, and give my consent that the data can be used in accordance with the Council's Policy on Personal Data.

Name of Applicant _____ Signature _____

Date _____

Please fax or mail the application form to:

General Office
Hospitality Industry Training and Development Centre
Vocational Training Council
7/F, Pokfulam Training Centre Complex,
145, Pokfulam Road
Pokfulam, Hong Kong
Fax No. 2538 2765

For Official Use Only			
<input type="checkbox"/> A	<input type="checkbox"/> R	CI _____	Date _____
<input type="checkbox"/> L		CA _____	Date _____
<input type="checkbox"/> R&T		CA _____	Date _____