

展亮技能發展中心課程 / 職業評估申請表

Shine Skills Centre Programme / Vocational Assessment Application Form



注意 Note: 本申請表必須以正楷填寫，填寫前，請先閱讀第四頁之「課程申請人及其父母 / 監護人 / 至親須知」。 This application form must be completed in BLOCK letters. Before completing this form, please read the "Notice to the Applicant and Parent / Guardian / Next of Kin" on page 4.

Member of VTC Group
VTC 機構成員

第 1 部份：申請類別 SECTION 1: TYPE OF APPLICATION

☐ 申請入讀課程 Application for Programme ☐ 申請職業評估服務 Application for Vocational Assessment Service

第 2 部份：申請人資料 SECTION 2: PERSONAL PARTICULARS OF APPLICANT

英文姓名 姓 Surname _____
Full Name in English 名 First / Other Names _____

中文姓名 _____ 出生日期 日 Day 月 Month 年 Year
Name in Chinese Date of Birth / /

香港身份證號碼 _____ 性別 Sex ☐ 男 Male ☐ 女 Female
HKID Card No.

住址(中文) Residential Address (Chinese) : _____

住址(英文) Residential Address (English) : _____

住宅電話號碼 _____ 手提電話號碼 _____
Residential Tel. No. Mobile Phone No.

電郵地址 E-mail Address _____

由本中心填寫 FOR OFFICIAL USE		
Application No.		
Source Group	Disability Code	
	PRI	SEC
Results		
Remarks		

申請人近照
(三十八毫米 x 五十毫米)

Applicant's recent
photo
38mm x 50mm

第 3 部份：特殊教育需要 / 殘疾類別 SECTION 3: SPECIAL EDUCATIONAL NEEDS / DISABILITIES

必須提供證明文件 Supporting documents should be provided.

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

第 4 部份：學歷 SECTION 4: DETAILS OF EDUCATION AND TRAINING

日期 (月/年) Dates (MM/YYYY)		學歷 Level Attained	學校名稱或其他學歷 Name of School / Other Qualifications
由 From	至 To		

☐ 請在適當方格內填上「✓」號 ☐ Please tick as appropriate

第 5 部份：工作經驗 SECTION 5: WORK EXPERIENCE

日期 (月/年) Dates (MM/YYYY)		職位 Position	機構名稱及地址 Name and Address of Organization
由 From	至 To		

第 6 部份：報讀課程 SECTION 6: PROGRAMME APPLIED FOR

(如只申請職業評估，請跳至第 7 部份 Please skip this section if applying for Vocational Assessment only)

☐ 全日制 Full-time (最多可選 3 個課程，請在方格內填上 1、2、3 以表示選擇的優先次序，1 為最優先。Please indicate your preference of centre and programme in the box, 1 for 1st choice. A maximum of 3.)

全日制課程 Full-time Programme

展亮技能發展中心 Shine Skills Centre (SSC)

觀塘 KwunTong 薄扶林 Pokfulam 屯門 Tuen Mun

辦公室實務 Office Practice.....	<input type="checkbox"/>	不適用 N.A.	<input type="checkbox"/>
商業及零售服務 Commercial & Retailing Service.....	<input type="checkbox"/>	不適用 N.A.	<input type="checkbox"/>
活動助理實務 Programme Assistant Practice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
商業及電腦應用 Business & Computer Practice.....	不適用 N.A.	不適用 N.A.	<input type="checkbox"/>
電腦及網絡實務 Computer and Network Practice.....	<input type="checkbox"/>	不適用 N.A.	<input type="checkbox"/>
設計及桌上出版 Design and Desktop Publishing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
包裝服務 Packaging Service.....	<input type="checkbox"/>	不適用 N.A.	<input type="checkbox"/>
綜合服務 Integrated Service.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
飲食業實務 Catering Service.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
健康及美容護理 Health and Beauty Care.....	<input type="checkbox"/>	不適用 N.A.	不適用 N.A.
按摩服務 Massage Service.....	<input type="checkbox"/>	不適用 N.A.	不適用 N.A.
飲食及房務工作 Catering and Housekeeping Practice....	<input type="checkbox"/>	不適用 N.A.	不適用 N.A.

如選擇展亮技能發展中心(屯門)，請選擇是否需要中心宿舍服務(只供全日制學生)。If you choose Shine Skills Centre (Tuen Mun), please indicate whether Boarding Service is required (for full-time students only).

☐ 是 Yes ☐ 否 No

☐ 部份時間制 Part-time Programme

	課程名稱 Programme Title	上課地點		
第一選擇 1 st choice		<input type="checkbox"/> 觀塘	<input type="checkbox"/> 薄扶林	<input type="checkbox"/> 屯門
第二選擇 2 nd choice		<input type="checkbox"/> 觀塘	<input type="checkbox"/> 薄扶林	<input type="checkbox"/> 屯門

第 7 部份：轉介機構 SECTION 7: REFERRING ORGANIZATION

(為方便紀錄，請用英文正楷填寫。Please complete in BLOCK letters.)

* 請將不適用者刪去 Please delete where inappropriate

機構名稱

Name of Organization :

轉介信編號(如適用)

Letter Ref (if applicable):

聯絡人姓名 (先生 / 小姐 / 女士 / 太太*)

Name of Contact Person (Mr / Miss / Ms / Mrs*) :

電話

Tel. No. :

傳真

Fax No. :

機構地址

Organization Address :

電郵地址

E-mail Address :

第 8 部份：職業評估 SECTION 8: VOCATIONAL ASSESSMENT

申請人曾否接受展亮職業評估？ Has the applicant received Shine Vocational Assessment?

☐ 是 Yes 如曾接受展亮職業評估，請填寫：If yes, please state:
檔案編號 Reference No.: _____ 評估日期 Date of Assessment: _____

☐ 否 No 若否，請選擇評估類別及地點：
If no, please indicate your choice of programme and location:

類別： Programme:	<input type="checkbox"/> 綜合職業評估 Comprehensive Vocational Assessment	<input type="checkbox"/> 專項職業評估 Specific Vocational Assessment
地點： Location:	<input type="checkbox"/> 觀塘 Kwun Tong <input type="checkbox"/> 屯門 Tuen Mun	<input type="checkbox"/> 觀塘 Kwun Tong <input type="checkbox"/> 薄扶林 Pokfulam <input type="checkbox"/> 屯門 Tuen Mun

注意：(1) 如申請人缺乏自我照顧能力，申請人須有照顧者陪同進行評估；(2) 申請職業評估服務，必須由有關復康機構轉介。**Note:**
(1) If the applicant is in lack of self-care ability, a carer should accompany the applicant to conduct the assessment; (2) All applicants should be referred by a related rehabilitation agency.

第 9 部份：父母 / 監護人 / 至親資料 SECTION 9: PARTICULARS OF PARENT / GUARDIAN / NEXT OF KIN

姓名 Name: _____	與申請人關係 Relationship with Applicant: _____
電郵地址 E-mail Address: _____	電話 Tel. No.: _____
其他可聯絡之人士 (1) Name of Other Contact Person (1): _____	傳真 Fax No.: _____
其他可聯絡之人士 (2) Name of Other Contact Person (2): _____	關係 Relationship: _____
	電話 Tel. No.: _____

第 10 部份：使用個人資料 SECTION 10: USE OF PERSONAL DATA

☐ 本人同意 VTC 及其機構成員使用我提供的個人資料，包括姓名、電話號碼、手機號碼、電郵地址、通訊地址、及教育程度，提供有關 VTC 及其機構成員的任何課程、招生及活動推廣資訊。I agree that my personal data provided, including my name, phone number, mobile number, email address, correspondence address and education level may be used by the VTC and its member institutions.

如你日後希望停止接收上述資訊，或更改個人資料，請連同你已登記的姓名、電話號碼、手機號碼、電郵地址、通訊地址及教育程度資料，電郵至 vtpds@vtc.edu.hk 或傳真至 2357-4042 通知我們。If you would like to unsubscribe from receiving the said information or update your personal data, please send your request with registered name, phone number, mobile number, email address, correspondence address and education level to vtpds@vtc.edu.hk or by fax to 2357-4042.

第 11 部份：聲明及簽署 SECTION 11: DECLARATION AND SIGNATURE

- (1) 本人謹此聲明在本申請表填報的資料均屬正確無誤，並明白填報之資料將會在職業訓練局轄下院校的招生過程中作參考之用。I declare that the information given in this application is, to the best of my knowledge, accurate and complete. I understand that this information will be used in the admission process of the Programmes offered by Vocational Training Council (VTC).
- (2) 本人明白在註冊後，有關資料將轉作學生紀錄，職業訓練局可利用該等紀錄作學術或行政上之用。I understand that, upon my registration in a Programme in VTC, the data contained in this application will become part of my student record and may be used for all purposes relating to my study in VTC.
- (3) 本人明白職業訓練局可能使用本人的入學申請資料作統計及分析用途，本人的申請表及有關的個人資料會於收生程序完結後銷毀。然而，若本人於申請表表示願意收到職業訓練局的資訊，則我的申請資料將被保留。I understand that VTC may use my application data for statistical purposes. The application form and other related personal information will be disposed of after the completion of the admissions exercise. Nevertheless, if I have indicated in the application form that I wish to receive information about VTC, my application data will be retained.
- (4) 本人明白提供任何虛假或誤導性資料會導致本人的申請資格被取消，雖經註冊，亦屬無效。I understand that provision of any false or misleading information therein shall lead to DISQUALIFICATION of my application without notice and cancellation of any resultant registration.

申請人姓名 Name of Applicant: _____	簽署 Signature: _____
家長/監護人姓名 Name of Parent/Guardian: _____	簽署 Signature: _____
日期 Date: _____	

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) 申請人須年滿 15 歲並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) 報名表內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) 請將填妥之申請表格連同一切有關文件（如醫療、心理、聽覺、職業評估或個案撮要等報告）交回所選擇之展亮技能發展中心。
- (六) 本中心會安排申請人接受展亮職業評估服務，但申請人如於過去三年內曾接受該服務，則一般可獲豁免。
- (七) 出席面試或註冊入學時須帶同下列文件正本：(1) 香港永久居民身份證（非永久性居民須帶同香港身份證及簽證身份書 / 旅遊證件）；(2) 有關學歷及履歷證件；及 (3) 三十八毫米乘五十毫米證件近照乙張。
- (八) 有關申請資料在註冊後將轉作學生紀錄，職業訓練局可利用該紀錄作學術或行政上之用。閣下的個人資料，只要仍可用於收集資料的擬定用途，將予以保留，否則該等資料將被銷毀。而一般而言，保留期間最長為三年。

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

- (1) The applicant should reach aged 15 and 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 selection, 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) The completed application form and the relevant documents (e.g. medical, psychological, audiological or vocational assessment reports and case summary) should be returned to the chosen Shine Skills Centre.
- (6) Applicants will be referred to Shine Vocational Assessment Service for vocational assessment. Normally, an applicant will not be required to be re-assessed if he/she has received the service in the last three years.
- (7) Applicants who attend interview or registration should bring along the original copy of the following documents: (1) Hong Kong Permanent Resident Identity Card (Non-permanent residents should bring along their Hong Kong Identity Cards, Visas and Travelling documents); (2) relevant academic documents and employer's references; and (3) one 38 mm x 50 mm applicant's recent photo.
- (8) The data contained in this application will become part of the student record and may be used for all purposes related to the study in VTC. Personal data provided are retained for as long as the purposes for which such data were collected. Data are then destroyed unless their retention is required. As a general rule, the maximum retention period is 3 years.

展亮技能發展中心各中心的地址及查詢電話如下：

The address and telephone number of Shine Skills Centres are as follows:

中心 Centre	地址 Address	電話號碼 Tel. No.	傳真號碼 Fax No.	電郵地址 Email Address	辦公時間 Office Hours
展亮技能發展中心(觀塘) Shine Skills Centre (Kwun Tong)	九龍觀塘道 487 號 487 Kwun Tong Road, Kwun Tong, Kln.	2270 0900	2357 4042	shinekt@vtc.edu.hk	星期一至五 上午 8 時半至 下午 5 時 Monday to Friday 8:30a.m. – 5:00p.m. 星期六、日及 公眾假期休息 Saturday, Sunday & Public Holiday Closed
展亮技能發展中心(薄扶林) Shine Skills Centre (Pokfulam)	香港薄扶林道 147 號 147 Pokfulam Road, H.K.	2538 3292	2538 3299	shinep@vtc.edu.hk	
展亮技能發展中心(屯門) Shine Skills Centre (Tuen Mun)	新界屯門豐安街 1 號 1 Fung On Street, Tuen Mun, N.T.	2452 8901	2457 6207	shinetm@vtc.edu.hk	
展亮職業評估服務 Shine Vocational Assessment Service	九龍觀塘道 487 號 487 Kwun Tong Road, Kwun Tong, Kln.	2270 0950	2172 6020	shinevas@vtc.edu.hk	
展亮輔助器材及資源中心 Shine Technical Aids & Resource Centre	新界屯門豐安街 1 號 1 Fung On Street, Tuen Mun, N.T.	2452 7604	2452 7678	shinetarc@vtc.edu.hk	
展亮技能發展中心網址 Shine Skills Centre Website		http://www.shine.edu.hk			
展亮技能發展中心 Facebook Shine Skills Centre Facebook		http://www.facebook.com/ShineSkillsCentre			
職業訓練局網址 VTC Website		http://www.vtc.edu.hk			