



ENROLLMENT FORM

本院專用 Office use only

ver 20080401

Received Date: _____ Handled by: _____

Remarks: _____

Application: Walk-in By Mail By Fax

Payment: Cash Cheque Credit Card

NOTES FOR APPLICANTS

1. Please use one form for each course and photocopy the form if necessary.
2. If you pay the course fees by cheque, please return the form to us by mail or in person with a crossed cheque (one cheque for one course) payable to 'Vocational Training Council'. If you pay the course fees by credit card, please return the form to us by fax / by mail / in person.
Fax: 2891 5707 Address: PEAK, 9/F, VTC Tower, 27 Wood Road, Wanchai, Hong Kong
3. If you choose to return the enrollment form and cheque payment to PEAK by fax or by mail, please call us at 2836 1906 to confirm our receipt of your application and payment.
4. All places are allocated on a first-come-first-served basis. Incomplete forms and forms received without payment will be regarded as unsuccessful applications.
5. Course regulations are stated in the Institute's Quarterly Bulletin. Applicants / trainees should follow the relevant policies.
6. CPD / CPT credits will be deducted for late trainees on a pro-rata basis. MPFA & SFC credits will be given only when students attend more than 80% of the course. Minimum unit of above mentioned credits is 0.5 credit. Lateness or early leave which is less than 0.5 hour will still be counted as 0.5 hour (according to PEAK's clock).

DECLARATION

1. I declare that all information provided in this enrollment form is, to the best of my knowledge, accurate and complete.
2. I acknowledge and agree that my personal data will be used by PEAK for enrollment, course and administrative purposes.
3. I acknowledge and agree that my personal data may be used by PEAK for the promotion of courses or seminars, etc. I, at any time, can inform PEAK in writing or by email (peak@vtc.edu.hk) to stop sending promotional materials to me.
4. I acknowledge and agree that PEAK may check my ID card to verify my identity while I am participating in CPD/CPT courses.
5. I understand that I should provide as much information to PEAK as I can so that my application can be processed efficiently.
6. I acknowledge and agree that PEAK may determine my lateness and early departure from a course according to PEAK's clock. I also agree to Point 5 of the Notes for Applicants which defines the circumstance for deduction of CPD, SFC and MPFA credits.
7. I understand that course fees paid are non-refundable, except for cases of unsuccessful applications and course cancellation. Fees paid and places enrolled are not transferable.

PARTICULARS OF APPLICANT (Please fill in name it appears on your HKID card)

English : (surname) _____ (given name) _____ Chinese : _____

HKID No : _____ Date of Birth: (dd/mm/yyyy) _____ Gender : Male Female

Mailing Address : _____

Company of Employment : _____ Position / Department : _____

E-Mail Address : (1) _____ (2) _____

Telephone (day-time) : _____ Mobile : _____ Fax : _____

Confirmation : Please specify how you would like to be notified: By mail By fax By email (If not specified, we will notify you by Mail)

COURSE APPLIED FOR

Program Code / Name : _____ Intake (dd/mm/yyyy) : ____ / ____ / ____

FOR DIPLOMA / CERTIFICATE APPLICANTS ONLY

Module Code	Module Name	Commencement Date

Education History

Course	Institution / Exam	Year of Graduation	Percentage of Completion(%)

Please "✓" this box if you want your application to be considered as mature student application. (Please refer to course leaflet for details)

Employment History

If employed, please list out your employment history and positions you have held, which you consider relevant to the course for which you are applying. You may include certified copies of relevant references from employers. (Please use separate sheet if necessary)

Company Name	Duration: From / to	Position	Full time / Part time

* Please submit relevant qualification documents together with your application

PAYMENT METHOD

Cash or Cheque (Cheque should be made payable to "Vocational Training Council")

Amount: HK\$ _____ Cheque No.: _____

Credit Card

Card Number : _____

Expiry Date : _____ Amount: _____

_____ Cardholder's Name

_____ Authorized Signature

CONTINUING EDUCATION FUND (CEF)

Apply for CEF* (Please submit with CEF application form and HKID card copy at least 10 working days before commencement of course. No late submission will be accepted)

CEF Applied / Not applying CEF*

Where did you learn about this course?

Website Email Leaflet Quarterly Bulletin Friend
 MTR Advertisement Newspaper/Magazine (Name: _____
_____) Other _____

CONTACT METHOD

For all further notice (e.g. Class reschedule), we will contact you by email. Students without email will be contacted by phone.

I have read, understood and am willing to follow PEAK's Notes for Applicants above and all the regulations stated by PEAK. I declare the truth and accuracy of the information I have provided in this application form.

Applicant Signature _____ Date _____

Member of