



澳門科技大學健康科學學院
Macau University of Science and Technology
Faculty of Health Sciences

醫療及衛生持續培訓中心
Center for Continuing Medical and
Health Education
課程申請表

APPLICATION FORM

護照尺寸近照
Passport-sized
Recent Photo

A、申請人資料 PARTICULARS OF APPLICANT

A.1 中文姓名 NAME IN CHINESE

姓氏 (LAST NAME)

名字 (FIRST NAME)

A.2 英文姓名 NAME IN ENGLISH

姓氏 (LAST NAME)

名字 (FIRST NAME)

A.3 性別 / Gender ☐ F - 女 Female ☐ M - 男 Male

A.4 若為澳門科技大學學生，請提供學生編號及現就讀的課程名稱。

If you are currently studying at MUST, please specify the program you are in and your student number.

課程

學生編號

Program

student number

A.5 傳真號碼 / FAX NO.

A.6 電話號碼 / TEL NO.

住宅 (Home)

流動電話 (Mobile)

A.7 通訊地址 (請以正楷填寫) CORRESPONDENCE ADDRESS (Please use capital letters)

A.8 電郵地址 / E-MAIL ADDRESS

A.9 出生日期

DATE OF BIRTH

日 (DD) 月 (MM) 年 (YYYY)

A.10 出生地點

PLACE OF BIRTH

A.11 身份證明文件編號

I.D. CARD/PASSPORT NO.

A.12 簽發地點

PLACE OF ISSUE

B. 選讀課程 CHOICE OF PROGRAMS

☐ 文憑課程

Diploma Program

註明/Specify

☐ 證書課程

Certificate Program

註明/Specify

☐ 其他

Others

註明/Specify

C. 學歷 EDUCATION QUALIFICATIONS

☐ 中學 High School

☐ 大專 Diploma

☐ 大學或以上 University or above

☐ 其他 Others

D. 現任工作 PRESENT OCCUPATION

請填寫現任職業。Please write down your present occupation.

現職機構

職位

Employer

Job Title

E. 填妥表格後，遞交到本中心。地址：澳門氹仔偉龍馬路澳門科技大學 E 座活動中心
二樓 E210 醫療及衛生持續培訓中心

Please return the completed application form to our centre Address: Activities Centre, Block E 2/F, E210, Center For Continuing Medical And Health Education, Macau University of Science and Technology, Avenida Wai Long, Taipa, Macau.

條款 Terms & Conditions

1. 此申請表格及所有遞交之檔將不予退還給申請人。
This application form and all documents submitted will not be returned to the applicant.
2. 費用須以銀行匯票、銀行本票或劃線支票繳付，抬頭請寫“澳門科技大學”。
Payments should be made by bankdraft, cashier order or crossed cheque, and payable to :
“Macau University of Science and Technology”
3. 所有已繳付之費用將不予退還或轉讓。
All payments made are non-refundable and non-transferable.
4. 本大學保留隨時更改原定課程細則之權利。如某課程之報讀人數不足，本中心保留取消該課程的權利。
School reserves the right to make any alternations about the course that are considered to be necessary without prior consultation. Our centre also reserves the right to cancel a course if there is insufficient enrolments.
5. 如有任何事件，例如非典型肺炎，導致主辦機構認為暫時不適宜派遣導師來澳門，主辦機構保留緩辦課程和作出補課安排的權利。
In the event or any unforeseeable conditions that the organizer considers as inappropriate to send staff to Macao, the organizer reserves the right to postpone the delivery of program/course until further arrangement is made.

本人明白上述條款及聲明以上填報之資料全部屬實，如有填報不實資料，中心有權取消本人之申請或就讀資格。

I fully understand the terms and conditions listed above and declare that the information given in this application form is TRUE and that I am aware that the our center, Macau University of Science and Technology reserves the right to terminate my application or study at any time if any information given in this application form is found later to be untrue, false or incorrect.

申請人簽署

Signature of Applicant _____

日期

Date _____