

## Application Form

Training Course Applied:

(Training Code:  )

Name: Mr.  Mrs.  Ms.  Dr.  (ENG)  (CHI)

Agency:

Profession:  Post title :

Address:

Office Tel:  Mobile No.:  Fax :

Email:

Training Fee:  (For Early Bird, Please  the  )

Cheque No.:  Bank:

I agree to receive training course information from Tung Wah Group of Hospitals in the future.  
 I disagree

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

\* Please use separate application form for applying each training course and send each completed application form to the corresponding centre offering the training.

\*\* Please send crossed cheque payable to "Tung Wah Group of Hospitals"

## Notes for Application

1. Acceptance of application is made on a first-come-first-served basis.
2. The course confirmation will be sent to participants via email at least one week before commencement of the course. Please contact us if you do not receive any notification.
3. Once course fee is paid, no refund is available.
4. Official receipt will be issued on the first day of the training.
5. A certificate of attendance will be issued to participants satisfactorily completing the attendance requirement of the training.
6. Eating or drinking is not allowed in the classroom. All electronic products have to be turned off or in silent mode during lesson. No video/audio recording is allowed.

## Special Weather Arrangement

When Typhoon Signal No. 8 or above or Black Rainstorm Signal is in force after the following time	Cancel & Reschedule Classes
6 am	Classes that start before 2 pm will be cancelled
11am	Classes that start between 2pm to 6 pm will be cancelled
3 pm	Classes that start before 6 pm will be cancelled

## Feedback

We highly value your feedback. Please convey the feedback to the training coordinator at 2859 7741.