



American
Institute of
Natural
Medicine



Osteopathic
College of
Ontario

香港灣仔軒尼詩道 99 號 9 樓 902 室
Room 902, 9/F, 99 Hennessy Road, Wanchai, Hong Kong

Website: www.ainm.com.hk
Tel: +852-2529-1498

Email: info@ainm.com.hk
 AINM

報名表格 Application for Enrollment Form

(請用正楷填寫此表格 Please complete this form in BLOCK LETTERS.)

報讀課程 Course applied for

課程編號 Course Code	課程名稱 Program Title

甲部 Part A: 個人資料 Personal Particulars

香港身份證/護照號碼
HKID Card/Passport No.: _____ ()
(用作核實人之身份 For verification of the applicant's identity)

簽發國家(如有)
Issuing Country (if any) _____

會員編號(如有)
Member No. (if any) _____

稱謂 Title 先生 Mr 太太 Mrs 女士 Ms 小姐 Miss 醫生/博士 DR.

英文姓名
Name in English: _____

中文姓名
Name in Chinese: _____
(姓名必須與香港身份證或護照相同 Must be the same as shown on HKID card/Passport)

出生日期 (日/月/年)
Date of Birth: _____ - _____ - _____ (dd/mm/yy)

職業
Occupation: _____

流動電話
Mobile no.: _____

住宅電話
Home Telephone: _____

辦事處電話
Office Telephone no.: _____

辦事處傳真
Office Fax No.: _____

電子郵箱地址
E-mail Address: _____

通訊地址
Correspondence Address: _____

緊急事故聯絡人- 姓名
Emergency Contact Person Name: _____

電話號碼
Phone No.: _____

乙部 Part B: 學歷及專業資格 (請順序列出) Academic & Professional Qualifications (in chronological order)

由 月 / 年 From MM/YYYY	至 月 / 年 To MM/YYYY	頒授機構 Issuing Authority	學歷 / 專業資格 Academic / Professional Qualifications	頒發日期 Date of issue

請附上有關學歷及專業資格之證明副本(如適用)。 Please provide copies of documentary proof for the Academic and Professional Qualifications (if applicable).



**American
Institute of
Natural
Medicine**



**Osteopathic
College of
Ontario**

香港灣仔軒尼詩道 99 號 9 樓 902 室
Room 902, 9/F, 99 Hennessy Road, Wanchai, Hong Kong

Website: www.ainm.com.hk
Tel: +852-2529-1498

Email: info@ainm.com.hk
 AINM

丙部 Part C : 工作經驗 (請順序列出) Working Experiences (in chronological order)

由 月 / 年 From MM/YYYY	至 月 / 年 To MM/YYYY	公司名稱及地址 (如屬兼職, 請予註明) Company Name & Address (If part-time, please specify)	職位 Position	職責簡述 Scope of duties

附上有關工作經驗 / 推薦之證明副本(如適用)。 Please provide copies of documentary proof for work experience / references (if applicable).

丁部 Part D : 注意 Notes

本學院保留學科申請的最終決定權, 未獲本學院接納之申請將按指定程序退回。

We reserve the right on the ultimate decision for the application of course. We will follow the internal guideline to return all corresponding documents for unsuccessful application.

本申請表內所填寫的個人資料均受香港私隱條例保障, 只用於本學院行政範圍之內, 不會轉交予第三者作任何用途。

In line with Data Privacy requirement, all the information provided in the application form is used for the sole purpose of administration of the Hong Kong Academy of Naturopath and transferal of data to third party will not be arranged.

戊部 Part E : 聲明 Declaration

1. 本人聲明在此報名表格及隨附文件所載一切資料, 依本人所知均屬完整真確。

I declare that all information provided in this form and the attached documents are, to the best of my knowledge, accurate and complete.

2. 本人同意如本人因任何理由退出已報讀之課程(於課程開課前 5 天起計算至課程完結日期間), 所交款項將不獲退還, 亦不可申請將所交款項轉為其他用途。

I consent to no refund will be arranged upon successful application (from 5 days before course begin till the completion of course). I

also consent to transfer of tuition fee for other purposes will not be entertained.

3. 本人已詳閱報名表格內之申請須知, 並明白所有報名須知詳情均以本學院課程概覽及網頁之最後更新為依歸。

I have read the "Notes for Application" in this form and understood that the details of the enrollment guidelines are subject to revisions in the Hong Kong Academy of Naturopath prospectus and latest update in our website.

己部 Part F : 付款方法 Method of Payment

支票 / 銀行本票號碼 抬頭人為『城市美健(綜合健康管理)中心』

Cheque / Bank Draft no. Payable to "Urban Fitness Centre For Integrative Health & Wellness Management"

銀行直接入帳 (恒生銀行 - 帳號 286-565791-883, 帳戶名稱:『城市美健(綜合健康管理)中心』) 請附上報名表及銀行入帳收據副本。

Bank in (Hang Seng Bank - Account no. 286-565791-883, Account Name: "Urban Fitness Centre For Integrative Health & Wellness Management") Please submit Application Form together with a copy of the bank in slip.

現金(親臨本中心辦理)

Cash (in person)

簽名

Signature: _____
OCO-A-F

日期

Date: _____