

To be completed by TB officer

Application Number ___ : _____

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Course Application – Supplementary Sheet

Page _____

(Applicable to non-placement-tied course applications made at one time)

(I) Personal Particulars

English Name	:	_____
Chinese Name	:	_____
HKID Card No.	:	_____

(II) Course(s) Applied (please indicate priority)

Course	Course Title	Course Code	Training Centre	
			1 st Choice	2 nd Choice

Work experience related to course applied : _____ year(s) ; Is Current Practitioner

Course	Course Title	Course Code	Training Centre	
			1 st Choice	2 nd Choice

Work experience related to course applied : _____ year(s) ; Is Current Practitioner

Signature of Applicant : _____ Date of Application : _____

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Remarks : _____

Staff: _____ Date : _____ Chop of Training Body : _____