

Mental Health First Aid Instructor Training Certificate Course Application Form

1. 個人資料 PERSONAL PARTICULARS		
英文姓名 Full Name in English:		(先生/女士) (Mr./Ms.)
中文姓名 Name in Chinese:	電郵地址 E-mail Address:	
聯絡電話 Contact Tel. No.:	日間 Day:	手提 Mobile:
通訊地址 Address for Correspondence:		
現職機構 Organization:		職位 Position:

2. 學歷 ACADEMIC QUALIFICATIONS		
學位名稱 Degree Taken	大專/大學名稱 Name of Institution/ University	獲取日期 Date Obtained

3. 資格 PROFESSIONAL QUALIFICATIONS		
持有的專業資格 Professional Qualifications	頒發機構全名 Full Name of Issuing Authority	獲取日期 Date Obtained

4. 現時與精神健康相關之工作經驗 WORKING EXPERIENCE IN MENTAL HEALTH						
日期 Date		機構名稱 Name of Firm	全職 Full Time	兼職 Part Time	職位 Position	工作性質 Nature of Work
由 From	至 To					

5. 與精神健康相關之個人經驗 PERSONAL EXPERIENCE IN MENTAL HEALTH
<p>請簡述個人與精神病人/康復者的接觸經驗及對他們抱持的態度(如有需要,可另加附頁填寫) Please give a brief account of your personal experience with / attitudes towards people with mental health problems (Please attach separate sheets if necessary)</p>

6. 是否由機構推薦 IS NOMINATED BY ORGANIZATION OR NOT
<p>是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/></p>

本人謹此聲明在本表格內填報的資料均屬正確無誤,本人亦明白若提供任何虛假或誤導性資料,本人的報名資格將被取消。

I declare that the information given in this form is, to the best of my knowledge, accurate and complete. I also understand that provision of any false or misleading information therein shall lead to disqualification of the application without notice.

申請人簽署: _____ 日期: _____
Applicant's Signature: _____ Date: _____

支票號碼: _____ 銀行: _____ 收據: _____

(劃線支票抬頭請填上「香港心理衛生會」)

Crossed cheque payable to "The Mental Health Association of Hong Kong")

通訊紀錄 Correspondence Record	通訊紀錄 Correspondence Record
姓名 Name:	姓名 Name:
地址 Address:	地址 Address: