

**Older Person 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. 資格 (包括精神健康急救培訓資格) Professional Qualifications (Include the Qualification of Mental Health First Aid Instructor)		
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

3. 是否由機構推薦 Is Nominated by Organization or Not
是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>

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")