

精神健康急救課程「關懷青少年版」



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Mental Health First Aid (For Adults Assisting Youth)

Youth Mental Health First Aid Instructor Training Certificate Course Application Form

的 <u>報名資格將被取消。</u> 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 <u>disqualification</u> of the	1. 個人資料 Personal Particulars				
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Name in Chinese: Be-mail Address: F#E: Mobile:	Full Name in English:			(Mr./Ms.)	
勝絡電話: 日間:	中文姓名:	電郵地址:			
Contact Tel. No.: Day: Mobile: 通訊地址: Address for Correspondence: 現職機構: 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)	Name in Chinese:	E-mail Address:			
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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 頒發機構全名 復取日期 Professional Qualifications Full Name of Issuing Authority Date Obtained 3. 是否由機構推薦 Is Nominated by Organization or Not 是 Yes □ 否 No □ 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资。 If 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: □ □ 期: Applicant's Signature: □ Date: □ 收據: □					
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Applicant's Signature:	申請人簽署:	E	∃期:		
支票號碼:		Ε	Date:		
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画家文宗行政明英工 日港心生嗣工自」 Crossed cheque payable to "The Mental Health Association of Hong Kong")					

