

THE UNIVERSITY OF HONG KONG
Carol Yu Centre for Infection

Certificate in Infectious Diseases

Application Form

The personal data provided in this form will be used for processing your application for enrolment on the relevant courses, by the administrative and academic departments concerned. If you wish to access or correct your personal data after submission of this form, please contact the Course Secretariat, Department of Microbiology, The University of Hong Kong, Room 19-026, 19/F, Block T, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong at 2255 2584, e-mail: pdipid@hku.hk, Fax: 2855 1241.

1 PERSONAL INFORMATION

Dr/Mr/Mrs/Ms/Miss* (Please fill in your full name [surname first]
in block letters, as in your HKID Card/passport)

* Please delete as appropriate

Name in Chinese characters (if any):

Correspondence address:

Telephone number: _____ (Home) _____ (Office) _____ (Mobile phone/pager)

Fax number: _____

Email address: _____

2 PRESENT OCCUPATION

Position held/
department

Starting
date

Name and address
hospital/organization

3 QUALIFICATIONS

4 COURSE ENROLMENT

I wish to enrol in the following course(s) (please tick):

[*Exact date to be confirmed]

Course 4: 16-17 November 2019

Course 1: November 2020*

Course 5: 25-26 April 2020

Course 2: April 2021*

Course 6: 18-19 July 2020

Course 3: July 2021*

5 COURSE FEE (\$1,000 per course (\$5,400 for 6 courses))

Bank Name: _____

Cheque No: _____

Amount: HK\$ _____

Date: _____

Signature: _____

This form should be completed and returned to: Carol Yu Centre for Infection, c/o Department of Microbiology, The University of Hong Kong, Room 26, 19/F, Block T, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong together with a cheque in Hong Kong dollars (\$1,000 per course) payable in Hong Kong, which must be crossed and drawn in favour of "The University of Hong Kong". For enquiries, please contact the Course Secretariat at 2255 2584, e-mail: pdipid@hku.hk. The completed application form can be returned to us by fax at 2855 1241.