



Institute of Rehabilitation Practice

Tel: (852) 2778 6191 Fax: 2865 2579

For Official Use

Received on: _____

Handled by: _____

Course Enrolment Form

PERSONAL INFORMATION

Name: Mr/Ms* _____ (English) _____ (Chinese)

Occupation: _____ Working Organization: _____

Contact number: _____ (mobile) _____ (office)

Correspondence Address: _____

Email Address (1): _____ Email Address (2): _____

COURSE TO ENROL IN

Course Title	Course Code

PAYMENT

Payment should be in HK dollars and made payable to "SAHK".

Bank name: _____

Cheque /money order/ bank draft* number: _____

*Delete as appropriate

I, the applicant, declare that I understood and agreed that the information provided on this form will be used by SAHK for course enrolment and future correspondence.

Applicant's Signature: _____ **Date:** _____

Application Method:

To register, complete and return this form together with cheque, money order or bank draft to:

*SAHK Institute of Rehabilitation Practice
G/F, Tung Wong House, Tai Hang Tung Estate, Shek Kip Mei, Kowloon, Hong Kong SAR*

Please mark "Course Application" on the envelope and put down the "applicant's name" and "course name" on the back of the cheque, money order or bank draft.

Note:

1. Each enrolment form may only be used to apply for one course. Application to different courses must submit separate application with separate cheque, money order or bank draft.
2. Please fill out the required information in block letters and check the accuracy before mailing.
3. Course fees are non-refundable and non-transferable.
4. Refund will only be arranged upon course cancellation by the organizer.
5. Receipt acknowledgements and application results will be sent by e-mail.
6. For any enquiries, please contact us at (852) 2778 6191 or e-mail us at: irp@sahk1963.org.hk