

本課程已獲社會福利署認可

殘疾人士院舍保健員銜接課程(乙)

本課程為現職於殘疾人士院舍之註冊保健員而設的銜接課程·提供有關保健員於殘疾人士院舍工作的知識及技 能培訓,包括認識精神病、精神科藥物、神經系統疾病及相應治療。修讀本課程及考試合格後,可向社會福利 署註冊成為殘疾人士院舍保健員。

課程內容

- 殘疾人十權利公約
- 殘疾人士院舍條例、相關附例及實務守則
- 精神科外展服務及精神健康緊急
- 殘疾人十之性需要及處理
- 精神病及精神科藥物

- 神經系統疾病及治療
- 防止虐待智障及精神病患人士
- 職業健康及安全
- 常見的傳染病及特別事故處理方法

課程編號: DHWB17F5

上課時間: F5: 10 月 9 日

12:00 - 18:00 (逢星期一至星期五, 共 5 課, 共 16 小時)

學員必須達 90%出席率並 100%出席於課程期間的 4 小時復康單位參觀。

九龍尖沙咀梳士巴利道 3 號星光行 4 樓 百本人才培訓學院 上課地點:

港幣 950 元正 課程費用: 行政費用: 港幣 20 元正

入學要求: 持社會福利署頒發《安老院舍條例》保健員註冊證及現職於殘疾人士院舍

2575 5891 : 9601 6833 查詢電話:

報名辦法及詳情

申請者需填妥報名表格,並附上所需文件,包括:證件照兩張、香港身份證副本、學歷證明副本 (不接受宣誓紙)及其他護 理相關的證書副本,然後選以下其中一種方法繳付課程費用連行政費

郵寄劃線支票至「九龍尖沙咀梳士巴利道3號星光行4樓」,支票抬頭請寫上:『香港醫護學會有限公司』 方法 1

方法 2 將課程費用存入本學會之交通銀行戶口(027-53293101724),然後將收據連報名表格傳真至 2778 1810 或電郵 至 contact@healthcare.org.hk。

方法3 於辦公時間內(星期一至五,上午九時至下午六時),親臨九龍尖沙咀梳士巴利道3號星光行4樓辦理報名手續 ,以現金或支票形式繳付學費。

- 一經報名及繳費,除課程取消外,所繳之費用概不退還。
- ** 個別雇主可酌情決定是否承認這些課程所頒授予學員的任何資格。

入學面試詳情

本學院接獲申請後,將致電申請者約見面試。面試將於九龍尖沙咀梳士巴利道3號星光行4樓進行,形式為簡單面談, 需時約十五分鐘。若申請者未能通過面試,本會將安排退還申請者已繳學費,而報名費用港幣 100元正則不獲退回, 行政時間約需三個月。

電話 Telephone: 2575 5891

傳真 Fax: 2778 1810

電郵 Email: contact@healthcare.org.hk Facebook: www.facebook.com/HKHCF

報名地點:九龍尖沙咀梳士巴利道3號星光行4樓 網站 Website: www.healthcare.org.hk

Address: 4/F, Star House, 3 Salisbury Road, Tsim Sha Tsuf, Kin., H.K.

課程報名表格 Course Enrollment Form

僅供機構	<i>購職員填寫</i>	For official use only	
申請編號:			
備註:			

請以正楷填寫此表格 Please complete this form in BLOCK LETTERS

語於填寫本報名表前細關背頁之申請須知 Please read the "Notes for Application" overleaf carefully before completing this form 每個報讀的課程須分別填寫報名表格 Please use separate enrolment form for each course to be enrolled

此表格	的可自行影印以用申請其	其他課程 This form can be photoco	pied for the purpose of er	nrolling in other course	S		
報讀	課程 Course app	lied for:					
課程	!編號 rse Code	課程名稱 Course Title					
		科 Personal Particulars 目同·供頒發證書及核實身份之用	• Must be the same as	s shown on HKID care	d.)		
中文 Name		英文姓名 Name in English					
			出生日期 ——— Date of Birth —————		性別 ————————————————————————————————————		
手電 Mobil e		住宅電話 ————— Home Telephon	e	傳真號碼 Fax			
電郵 [±] E-mai							
通訊 ^力 Corre	地址 spondence Address	EK3 14					
	教育程度 est Achieved Educatio	學校 Schoo on Level			畢業年份 — Year of leaving ———		
現職/ Work		職1 Po:	立 sition	辦事處電記 Office Tele			
公司 ^b Office							
緊急 Emer	事故聯絡人 gency Contact Persor	n	關係 _ Relationship _	電記 Pho			
□朋	可得知本學院的課 友 Friends icebook	程資料?How did you receiv □ 網頁廣告 Website □ 報章廣告 Newspaper	□ 百本雜誌 Ban	nBoOs! Life	l 其他 Others		
乙部	Part B: 繳費方法	去 Methods of Payment (詳情請參閱背頁 Pl	ease see overlea	f of details)		
□現	金 Cash / EPS,已約	敫金額 Amount: 港幣 HKD	或 EPS 參考編	i號 Ref no:			
口支	票號碼 Cheque No	.: <u> </u>	,金額 Amou	nt: 港幣 HKD			
		示人數紙)Bank Transfer (Please nsfer:	· ·				
丙部	Part C: 聲明 De	eclaration					
1.	I declare that all info	各及隨附文件所載的資料,依本人 ormation provided in this enrolme r false or misleading information th	nt form and the attached	d documents are the b	est of my knowledge, accurate		
2.	本人願意遵守 貴機構所訂下的受訓章則。I consent I comply with all the Rules and Regulations stipulated by HKHCF.						
3.	本人明白所繳交的一切費用·將不獲退還;本人亦不得轉讓學位予其他人士。I understand that the fees paid are not refundable and the studentship cannot be transferred from one person to another.						
4.	本人已細閱報名表格內之申請須知·並明白所有報名須知詳情均以 貴機構課程單張之最後更新版為依歸。I have read the 'Notes for Application' in this enrolment form and understood that the details of the Enrolment Guidelines are subject to revisions in the HKHCF prospectus.						
5.		可酌情決定是否承認這些課程所 s to recognise any qualification to v			is a matter of discretion for		
Appli	人簽署 cant's Signature —		D				

電郵 Email: contact@healthcare.org.hk Facebook: www.facebook.com/HKHCF

申請須知

報名程序

填妥的報名表必須連同所有有關資料副本(如有註明)及支票/銀行收據(如有)·傳真或郵寄(請於信封面上註明「報名表格」)或於辦公時間內交回本機構。申請將於報名表格、所有有關資料副本(如有註明)及繳費完整收妥後才獲得處理。除特別通知外·申請人須整稅照說明之指定時間、日期和地點上課。本機構將不會發出取錄通知書給申請人。若要求取錄通知書·本機構將為每張取錄通知書收取行政費用港幣一百元。

繳費辦法

(i)現金/EPS

可於辦公時間內(星期一至五·09:00-18:00) 親臨本學院以現金或 EPS 繳費

(ii)支票

如用支票,請以「香港醫護學會有限公司」名義抬頭,並加橫線,連同報名表格一併遞交。本院恕不接受期票。如報讀超過一個課程者,請分別填寫報名表及開列支票,及於支票背面寫上申請人英文姓名及課程編號。

(iii)銀行轉帳

申請人可轉帳至本學院的交通銀行戶口 (027-53293101724)·並須於轉賬後·將銀行 入數紙連同報名表格一併交回/傳真/郵寄至本 學院。

退款

除非因課程額滿、取消或於特殊情況下並得到本院同意,否則申請人不論上課與否,已繳之學費恕不退還。退款將會轉入申請人之銀行戶口。退款的行政時間需時三個月(由開課日起計),若你在三個月後仍未收到退款,請電2575 5689 與職員聯絡。

課程轉修

於課程額滿或取消的情況下,申請人可獲准轉修另一課程。在任何情況下,申請人必須得到本院同意及繳交手續費港幣一百元,才可轉讀另一課程。此項申請須於已報讀課程之開課日期前一星期提出,逾期恕不受理。此外,申請人已繳之學費及其學額不得轉讓他人。

課程更改

如報名人數不足,本機構有權取消該課程,並 於有需要時更改任何原定課程之導師、上課時 間、地點及內容。

個人資料私隱聲明

在這份表格提供的個人資料,本機構用於課程登記和有關的用途;以及向申請人發放就業、培訓和其他類型的資訊和推廣。根據個人資料(私隱)條例第18及第22條,申請人有權查閱及修改個人資料。任何關於這份表格所收集的個人資料查詢,請向本機構提出。

Notes for Application

Enrolment Procedures

Please complete the correct enrolment form and send copies of supporting documents (if specified) and cheque/bank receipt (if any) to HKHCF in person or by fax or by mail (please mark "Enrolment Form" on the envelope). An application will be processed only upon receipt of the completed enrolment form, copies of supporting documents (if specified) and payment. Unless otherwise notified, applicants are expected to be present for class at the time and place indicated according to the course description. There is an administrative charge of HK\$100 on every request for a letter of acceptance.

Payment Methods

(i)Cash/EPS

Cash/EPS payment can be made at BEST during office hour (Mon-Fri, 09:00-18:00).

(ii) Cheque

Crossed cheque should be made payable to "The Hong Kong Health Care Federation Limited" and returned together with your enrolment form. Post-dated cheque is not accepted. Applicants who enrol for more than one course should issue a separate cheque for each course. Please write the applicant's English name and course code on the back of each cheque.

(iii) Bank Transfer

Payment can be made via ATM or Bank (Bank of Communications, Account No.: 027-53293101724). Bank slip should be returned together with enrolment form to HKHCF in person or by fax or by mail.

Refund

Fees paid are not refundable regardless of whether applicants have attended classes or not. Fees paid are not refundable unless the enrolled course is full, cancelled or in exceptional circumstance deemed acceptable by HKHCF. HKHCF will transfer the refund to the bank accounts of the applicants concerned. The administrative process takes 3 months (counted from course commence date). If you do not get the refund after 3 months, please check with us at 2575 5689.

Course Transfer

Transfer to another course is permitted if the enrolled course is full or cancelled. In any other event, transfer to another course can only be made subject to the approval of HKHCF and with an administrative charge of HK\$100. This application must be made not less than one week before commencement date of the enrolled course. Late application will not be considered. Furthermore, fees paid and the related studentship cannot be transferred from one person to another.

Course Changes

HKHCF reserves the right to cancel a course if enrolment is insufficient and make alterations regarding instructors, class locations, class schedules and the content of courses if necessary.

Personal Data Collection Statement

The personal data provided on enrolment forms are used by HKHCF for purposes related to the processing of enrolment and student administration, and for delivery of information and promotion materials about career, training and other subjects to you. You have the right to access and correct personal date as provided in section 18 and 22 of the Personal Date (Privacy) Ordinance. Enquiries concerning the personal data collected by means of this form, including the making of access and corrections, should be addressed to HKHCF.

電話 Telephone: 2575 5891 傳真 Fax: 2778 1810 報名地點: 九龍尖沙咀梳士巴利道 3 號星光行 4 樓 網站 Website: www.healthcare.org.hk Address: 4/F, Star House, 3 Salisbury Road, Tsim Sha Tsui, Kln., H.K. 電郵 Email: contact@healthcare.org.hk Facebook: www.facebook.com/HKHCF