M220/0100 (amended)

THE UNIVERSITY OF HONG KONG
FACULTY OF MEDICINE

Infectious Diseases Courses & Postgraduate Diploma Programme
2008-2010

Application for admission for Occasional Students taking individual Course(s)

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 Ms Karis Larm / Miss Goretti Tse, Department of Microbiology at 2855 4892.

Section A

1 PERSONAL INFORMATION

Dr/Mr/Mrs/Miss* (Please fill in your full name [surname first] in block letters, as in your H.K.I.D. Card/passport.)

_____ Name in Chinese characters (if any): _____

Address for correspondence: _____

Fax No.: _____ E-mail address: _____

Tel. No.: _____ _____ _____
(Home) (Office) (Pager/Mobile Phone)

2 PRESENT OCCUPATION

Position held/Department _____ Starting date _____

Name and address of organisation _____

3 QUALIFICATIONS

_____

_____

_____

4 COURSE ENROLMENT

I wish to enrol in Course(s) _____

Course 1 - Infectious disease update and emerging infections (November 22-23, 2008)

Course 2 - Infectious disease emergencies, indwelling device and surgical infections (April 18-19, 2009)

Course 3 - Common problems in infectious diseases (July 18-19, 2009)

Course 4 - Managing everyday infectious disease challenges. Immunology, radiology and radionuclide imaging in ID. Genitourinary medicine and HIV problems (November 21-22, 2009)

Course 5 - Surprises in daily medical practice: tropical diseases in the developed world (April 17-18, 2010)

Course 6 - Infections in immunocompromised hosts (July 17-18, 2010)

5 COURSE FEE

Bank Name: _____ Cheque No.: _____ Amount: HK$ _____

Date: _____ Signature: _____

This form should be completed and returned to the Centre of Infection, c/o Department of Microbiology, The University of Hong Kong (at Room 423, University Pathology Building, Queen Mary Hospital, Pokfulam Road, Hong Kong) together with a Hong Kong dollar cheque (Course fee: $1,000) payable in Hong Kong, which must be crossed and drawn in favour of "The University of Hong Kong". For enquiries, please contact Ms Karis Larm / Miss Goretti Tse at 2855 4892 or e-mail address: hkumicro@hkucc.hku.hk. The completed application form can be returned to us by fax at 2855 1241. Website: http://www.hku.hk/facmed/03edu_post_taught.htm#prog10

For Official Use Only

Section B (to be completed by the Academic Director)

I approve/do not approve* the application of this candidate for attendance of the selected Course(s).

Remarks:

_____

_____

_____

Date: _____ Signature: _____

* Please delete as appropriate

August 11, 2008 (revised)

FA/CHC/aw
D\PDipID\SpecialForm\1-2