

# CADENZA Workshop Series

## Application Form

Application Guidelines can be downloaded at [www.hkcss.org.hk/institute](http://www.hkcss.org.hk/institute). To enrol on the programmes, please complete this form in **ENGLISH BLOCK LETTERS**.

### 1. Our Organization / Service Unit nominates the following staff(s) to attend :

Workshop no. \_\_\_\_ (please mark as appropriate)

(You can nominate not more than 3 staff members for each workshop. The organizer reserves the right to select participants to attend the course(s). Cancellation and any changes of participants must be settled at least 3 days before the workshop(s) commence.)

#### Nominee 1

Title:  Mr  Mrs  Ms  Miss  Other  
( )

Name in English: \_\_\_\_\_ Name in Chinese: \_\_\_\_\_  
(as shown on HKID Card)

Job Title: \_\_\_\_\_

Contact No: \_\_\_\_\_ E-mail: \_\_\_\_\_

(For Application result & Course Notice)

Education  F.5  Degree  
Level:  F.7/Post-Secondary  Master or above  
 Other

I **DO NOT** want to record the hour-points of the above course(s) in the "HKCSS - Citi Continuous Learning Recognition Scheme 2013"



#### Nominee 2

Title:  Mr  Mrs  Ms  Miss  Other  
( )

Name in English: \_\_\_\_\_ Name in Chinese: \_\_\_\_\_  
(as shown on HKID Card)

Job Title: \_\_\_\_\_

Contact No: \_\_\_\_\_ E-mail: \_\_\_\_\_

(For Application result & Course Notice)

Education  F.5  Degree  
Level:  F.7/Post-Secondary  Master or above  
 Other

I **DO NOT** want to record the hour-points of the above course(s) in the "HKCSS - Citi Continuous Learning Recognition Scheme 2013"



#### Nominee 3

Title:  Mr  Mrs  Ms  Miss  Other  
( )

Name in English: \_\_\_\_\_ Name in Chinese: \_\_\_\_\_  
(as shown on HKID Card)

Job Title: \_\_\_\_\_

Contact No: \_\_\_\_\_ E-mail: \_\_\_\_\_

(For Application result & Course Notice)

Education  F.5  Degree  
Level:  F.7/Post-Secondary  Master or above  
 Other

I **DO NOT** want to record the hour-points of the above course(s) in the "HKCSS - Citi Continuous Learning Recognition Scheme 2013"



### 2. Nomination by Organization / Service Unit

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Job Title: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

### 3. Declarations

1. I declare that all information given in this application form is, to my best knowledge, accurate and complete.
2. I consent that if registered, I will conform to the Rules and Regulations of the Institute.
3. I have noted, understood and agreed the content of the "Application Guidelines".

Signature of  
Applicant 1

Signature of  
Applicant 2

Signature of  
Applicant 3

Enquiries : Tel: 2876 2427 / 2864 2968 Fax: 2865 7492 E-mail : [el@hkcss.org.hk](mailto:el@hkcss.org.hk)