

Application for Admission to
Professional Certificate in Music Therapy 音樂治療專業證書

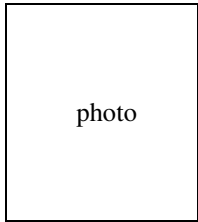
Application Fee + audition fee (if any) : \$ _____ Cheque No : _____ Dated : _____
Tuition Fee : \$ _____ (Module exempted: _____) Cheque No : _____ Dated : _____

Name (in English) : _____ (in Chinese) : _____

Sex : _____ HKID No : _____ Date of birth : _____ Tel : _____

Office Tel : _____ E-mail Add : _____

Mobile : _____ Address : _____



Education :

Period from (m/y) to (m/y) Name of School / Institute / University Level / Qualification obtained / Exam results

Working Experience :

Period from (m/y) to (m/y) Name of Employer / business nature Position / Job title / duties

Relevant Music qualifications :

- Grade 5 or above in any music instrument [Instrument: _____ Grade: _____ in _____]
 Submit proof later Audition Required

Time Table : As Module 1, 5 and 7 of this course will only be scheduled on Wednesdays, please indicate your preference on lecture times for other modules : Wednesday only Wednesday & Tuesday Wednesday ok but Tuesday preferred

- Application with Mature Student status - I declare that I am over 30 years of age on the date of this application and I understand that the program requires adequate Chinese and English proficiency to be beneficial to me. I also hereby submit my employment history/working experience with this application.
 Application with Facilities Recommendation status (機構推薦優惠) – Proof letter submitted

Declaration: (1) I declare that the information given in support of this application is accurate and complete; any mis-representation will result in disqualification of this application and subsequent enrolment. (2) I further declare that I have read the content of "Module content and graduate requirement" and the "General Information" sheets of this course. (3) I consent that the personal data provided in this form can be used for the processing of this application by Pang's Music Therapy Centre. (4) I further consent that I will conform to the Statutes & Regulations of the Centre if accepted.

Date : _____ Signature of applicant : _____

I learnt about this course through : Pang's web site friends/parents of centre school mailing Ming Pao 教協報
 attended Pang's course(s) attended SPACE course(s) previous/existing Centre parent Other source: _____

Please fill in the following for future correspondence :

Name : _____
Address : _____

Name : _____
Address : _____

FOR OFFICE USE ONLY

Date rcv : _____ Yes / No

Rcpt app : _____ Rcpt Tut : _____

2nd Instalment : _____ Rcpt : _____

Audition date : _____ P / F

Chq rtn : _____ date : _____

Feb 2020– Jan 2021 No : _____ Class : _____