



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 : \_\_\_\_\_

photo

**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 recv : **Yes / No**

Rcpt app :      Rcpt Tut :

2nd Instalment :      Rcpt :

Audition date :      P / F

Chq rtn :      date :

**Feb 2022– Jan 2023** No :      Class :