



香港三育書院

HONG KONG ADVENTIST COLLEGE

1111 Clear Water Bay Road, Sai Kung, New Territories, Hong Kong

Tel: (852) 2719-1668 Fax: (852) 2358-1055

Email: info@hkac.edu Web: www.hkac.edu

Office Use:

Application No. _____

Higher Diploma in Enrolled Nursing (General)

登記護士 (普通科) 高級文憑

2024 – 2025 Academic Year Application Form 申請表

Personal information is collected for admission purposes only. 所有資料只用作入學申請用途。

SECTION 1—STUDENT DETAILS 學生資料(Please complete in CAPITAL LETTERS 請以大階填寫)			
Name in English 英文姓名(as shown on Passport/Hong Kong ID Card) (請按護照/香港身份證上所示)		HK ID No. / Passport No. 香港身份證號碼/護照號碼	
Last/ Family Name 英文姓氏	Given Name 英文別名	Name in Chinese 中文姓名	
Date of Birth 出生日期 (mm/dd/yyyy) (月/日/年) e.g. Dec 25, 2003		Age 年齡	Place of Birth 出生地點
Religion: 宗教信仰		Nationality: 國籍	
Home No.: 住宅電話	Mobile No.: 手機電話	Email: 電郵	
Mailing Address 通訊地址:			
District 地區: Area 區域: <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界			

(Photo)

相片

Female 女
 Male 男

SECTION 2 – APPLICANT'S EDUCATION 教育程度(From secondary onward 中學開始填寫)			
Secondary School / College / University 中學 / 大專 / 大學	From 由 (Year 年) e.g. 2015	To 至 (Year 年) e.g. 2021	Qualification 學歷 e.g. Form 6

SECTION 3 – PUBLIC EXAMINATION RESULTS 公開考試成績

Hong Kong Diploma of Secondary Education Examination (HKDSE)(if applicable):

Hong Kong Certificate of Education Examination (HKCEE) (if applicable):

Subject	Result	Year attained
English Language		
Chinese Language		
Mathematics		
Liberal Studies		
Other subject: (Category A/ B)		
(Category A/ B)		
(Category A/ B)		
(Category A/ B)		

Subject	Result	Year attained
English Language		
Chinese Language		
Mathematics		
Other subject:		

SECTION 3 – PUBLIC EXAMINATION RESULTS 公開考試成績					
Hong Kong Advanced Level Examination (HKALE) (if applicable):			Other examination (please specify: _____)		
Subject	Result	Year attained	Subject	Result	Year attained
Use of English (AS)					
Chinese Language and Culture (AS)					
Other subject:					

SECTION 4 – LANGUAGES 語文能力			
English	Level:	<input type="checkbox"/> Native	<input type="checkbox"/> Proficient <input type="checkbox"/> Average
Cantonese	Level:	<input type="checkbox"/> Native	<input type="checkbox"/> Proficient <input type="checkbox"/> Average

SECTION 5 – EXTRA-CURRICULUM ACTIVITIES 課外活動					
Please list <u>three</u> most important activities in the last three years 請填寫過去3年中最重要之3項課外活動					
	Name of Activities 活動名稱	Organiser 組織者	From 何時開始	To 何時結束	Award/Attained 獎項/成就
(1)					
(2)					
(3)					

SECTION 6 – HEALTHCARE WORKING EXPERIENCE 與健康護理有關之工作經驗				
Please list your relevant working experience				
From 入職日期	To 離職日期	Name of Employer 雇主名稱	Position 職立	Duties 工作範圍

SECTION 7 – REFERENCES 推薦人					
請提供兩名推薦人(和你沒有親屬關係)。其中一名必須為校長、副校長、監護人或老師、牧師或教授。提供完整及正確的資料，包括一個正在使用的電郵地址是很重要的。 Please provide us with two references (<i>individuals not related to you</i>). One of them MUST be a principal, vice-principal, guidance counselor or teacher, pastor or professor. It is essential that you provide us with complete and correct information, including an active email address.					
Name in English 英文姓名	Name in Chinese 中文姓名	Position 職位	Organization	Years Known 認識時間	Email 電郵

SECTION 8 – RESIDENCE 住處	
Do you need chargeable dormitory services? 你是否需要收費學校宿舍服務?	<input type="checkbox"/> No 不需要 <input type="checkbox"/> Yes 需要 (<input type="checkbox"/> 5 days 天/ week 星期 <input type="checkbox"/> 7 days 天/ week 星期)

SECTION 9 – HOW DID YOU HEAR ABOUT HKAC PROGRAMS? 你如何得知香港三育書院的課程?		
<input type="checkbox"/> Magazine/Newspaper/Leaflet/Brochure 雜誌/報紙/傳單/簡章 (Please specify) (請註明): _____	<input type="checkbox"/> HKAC Information Day / Open Day 香港三育書院資訊日/開放日	<input type="checkbox"/> Social media / website 社交媒體/網站 (Please specify) (請註明): _____
<input type="checkbox"/> Friends or Family 朋友或家人	<input type="checkbox"/> HKAC Program Seminar in Your School 校內的升學講座	<input type="checkbox"/> HKAC Website (www.hkac.edu) 香港三育書院網頁
<input type="checkbox"/> HKAC / HKAA Staff or Student/ Church / - PleaLese provide name of referral 香港三育書院/香港復臨學校職員或學生//香港復臨教會成員 - (Please Specify) (請註明): _____	<input type="checkbox"/> Education Expo / Road Show 升學展覽 / 宣傳街站(Please Specify) (請註明): _____	<input type="checkbox"/> Others 其他: (Please specify) (請註明): _____

Please share with us on:

Why you choose Higher Diploma in Enrolled Nursing (General) programme)? (150 words or less in English)

How you can contribute to the Nursing Profession? (150 words or less in English)

SECTION 11 – PREVIOUS STUDY ON NURSING 過往曾否修讀有關護理的課程

Have you ever attended any nursing programme?

If yes, please indicate the name of the nursing programme, the name of the school, the level of study completed and when you attended it.

曾否修讀任何護理課程？

如有的話，請注明該護理課程和學校名稱，已完成級別和何時就讀。

No, I have not attended any nursing programme沒有讀過

Yes, I have attended, 我曾經修讀護理課程

Programme 護理課程名稱 _____

School 學校名稱 _____

In the Year 年份 _____

Level Completed 完成級別 _____

SECTION 12 – CONSENT DETAILS 同意書

I understand and agree to the Personal Information Collection Statement notice.

The information I have provided is complete and accurate, and I understand any omission of information could significantly delay my acceptance. I further understand that any falsification of admission documents is reason for immediate cancellation of my application and/or denial or withdrawal of admission to Hong Kong Adventist College programs. If accepted, I agree to abide by the regulations of the institution as published in its Bulletin and Handbook or as announced. I recognize that failure to abide by these regulations is ground for dismissal.

本人明白並同意個人資料收集的說明

本人所提供的資料是完整及準確，同時明白若資料有任何錯誤將會拖延入學的時間。如有任何虛假文件將會構成本人立即被取消資格/不被接納入讀香港三育書院的原因。如被接納，我同意遵守本校課程指引及手冊所頒佈的校規。本人知道不遵守校規可被刪除學籍。

Applicant's Signature 申請人簽名

Date (mm/dd/yyyy) 日期 (月/日/年)

Submit the application form to: hden_application@hkac.edu
Email subject: HDEN application_ your name

Application Checklist Form for Higher Diploma in Enrolled Nursing (General)

An applicant for admission must submit all relevant documents and fulfil the following requirements:

<i>Item No.</i>	<i>Item Description</i>	<i>Please Check (√) if item is submitted (upload)</i>
1.	A completed <i>Application Form</i>	File uploaded
2.	A copy of <i>Hong Kong Identity Card/ Passport</i>	File uploaded
3.	1 passport size <i>Photo</i> (attached on P.1)	Photo attached on p.1
4.	A copy of <i>Transcript of Records</i> from high school(s) and college(s) previously attended.	File uploaded
5.	A copy of <i>Public Examination</i> Results e.g., HKCEE, HKDSE etc.	File uploaded
6.	Copies of other diplomas, certificates, transcripts, grade reports, test scores, and any other evidence of academic accomplishments attesting to the eligibility and qualification for College application	File uploaded
7.	(<i>Optional</i>) Two copies of Recommendation Letters or Recommendation Forms on: <ul style="list-style-type: none"> • character reference • academic abilities Please note that Recommendation is available at this link: https://hkac.edu/hd-in-enrolled-nursing-general#hden-downloads	Optional upload
8.	Evidence of <i>Scholarships/Awards</i> received	File uploaded
9.	Record of <i>Extra-curriculum Activities</i> and Other Learning Experience (OLE)	File uploaded
10.	<i>Proof of payment</i> for application fee. Application Fee of HKD 200 (non-refundable) Bank: Hang Seng Bank Limited Account Number: 204-3-011010 FPS: 161 451 166	File uploaded

Notes to Applicants

Should an applicant is admitted to the programme, one should be prepared to submit the following documents before he/she is allowed to start the programme officially

- Original or true copy of all transcripts, examination results, and evidence to support scholarships/awards.
- Immunization Record since birth, regardless the Applicant's place of birth.
- All students must be fully vaccinated for Co-vid 19 before the first day of class according to the guidelines of the Department of Health of the Hong Kong Government.

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| OFFICE USE ONLY (只供校方填寫) |                                          |            |                      |
|--------------------------|------------------------------------------|------------|----------------------|
| APPLICATION FORM         | DATE RECEIVED IN HKAC _____ (MM/DD/YYYY) |            |                      |
| APPLICATION FEE PAID     | TUITION \$ _____                         | DATE _____ | RECEIPT NUMBER _____ |
| FEES PAID                | TUITION \$ _____                         | DATE _____ | RECEIPT NUMBER _____ |
| ID#                      | HKAC _____                               |            |                      |

**Submit the application form to: [hden\\_application@hkac.edu](mailto:hden_application@hkac.edu)**

**Email subject: HDEN application\_ your name**

**Personal Data Notice**

- The personal data obtained in this form will be used for programme recruitment and related purpose and is kept strictly confidential. If the applicant commences the Programme, the personal data collected will be used by the Department of Nursing in relation to assessment, communication and practicum.
- The personal data may be transferred to relevant department of Hong Kong Adventist College for assessment of the suitability for program, practicum and for programme related matter requested by relevant government departments, administrative authorities, medical institutions as required or desirable under law or regulatory requirements or rules.
- Information of unsuccessful candidate will normally be destroyed 6 months after rejection of the applicant's application.
- Should there be any changes in your personal particulars, please contact us by mail to Department of Nursing, Hong Kong Adventist College, 1111 Clear Water Bay, Sai Kung, New Territories; or by email to [info@hkac.edu](mailto:info@hkac.edu)