

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

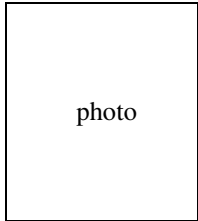
Application Fee + audition fee (if any) : \$ \_\_\_\_\_ Cheque No : \_\_\_\_\_ Dated : \_\_\_\_\_  
 Tuition Fee : \$ \_\_\_\_\_ (Module exempted: \_\_\_\_\_) Cheque No : \_\_\_\_\_ Dated : \_\_\_\_\_

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 2018– Jan 2019** No : \_\_\_\_\_ Class : \_\_\_\_\_