



香港細胞學會

HONG KONG SOCIETY OF CYTOLOGY

中國病理醫生細胞學進修計劃

Cytopathology Training Scheme for Chinese Pathologist

相片

個人資料 Personal Particulars

姓名: _____
Name (姓氏) (Surname) (名) (First name)

出生日期: _____ 性別: _____
Date of Birth Gender

現職醫院及部門: _____ 職位: _____
Current Institute and Department Position

通訊地址: _____
Address

聯絡電話: _____ 電郵地址: _____
Contact phone no. Email address

工作經驗包括細胞學工作經驗 Working Experience Including Cytology Exposure
(please provide an estimate of the average number of cytology cases diagnosed per year)

機構名稱 Name of Institutes	位職年份 Years	職位 Position
_____	~ _____	_____
_____	~ _____	_____
_____	~ _____	_____
_____	~ _____	_____

教育及專業資格 Education & Professional Qualification

學院名稱 Education Institute/University	畢業年份 Graduation Year	文憑/學位/專業資格 Degree/Certificate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

英語水平 English Competency

國內英文考試成績: _____
National English Test

國外英文考試成績: _____
International English Test

推薦人 Referee (Head of Department)

姓名: _____ 職位: _____
Name Position

聯絡電話: _____
Telephone no.

其他 Others

預計來港日期
Estimated date of arrival to HK

2010 年 11 月
November, 2010

2011 年 3 月
March, 2011

住宿安排
Lodgings arrangement

自己解決
Self arranged

需要協助
Assistance required

聲明 Declaration

本人_____ 謹此證明以上所填寫之資料全部屬實；並願意遵從貴會之安排及決定，並無異議。

I thereby declare that the information provided above is true to the best of my knowledge and that I will abide by whatever decision the Society makes with regard to my application.

姓名： _____
Name

簽署： _____
Signature

日期： _____
Date

報名須知

1. 報名表內所有資料需全部填寫，並連同部門主任的推薦信、學歷證明及由部門主任發出的細胞學病理臨床經驗證明寄回，否則申請不作考慮。Please carefully fill in this form. Application without a recommendation letter from Head of your department, qualification certificates and a certified true copy of proof of clinical cytopathology experience will not be considered.
2. 請將以上提及之所有文件寄回以下地址：「香港薄扶林道 102 號瑪麗醫院臨床病理大樓 317 室」，或電郵 elainefs@pathology.hku.hk，羅小姐收。This form with the accompanying documents should be sent to Miss Law, "Rm317, Clinical Pathology Building, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong" or emailed to elainefs@pathology.hku.hk.

學會專用 (申請人無需填寫) Official Use

由香港細胞學會委員會決定， _____

For completion by Council members of the Hong Kong Society of Cytology

本會將 會/ 不會 接納該申請人之申請 由 _____ 至 _____

The Society is able /unable to accept this applicant, for the period from _____ to _____

備註：

Remarks

日期： _____

Date

簽署： _____

Signature (香港細胞學會主席)(President)