



個人資料

英文姓名：
(正楷，必須與身份證相同)

中文姓名：
(如閣下年齡逾70歲，請在方格內加‘✓’，以便本學院作出適當的行政安排。□)

出生日期：_____年_____月_____日 性別：_____

電話：(日) _____ (夜) _____

電郵： 身份證號碼： ()

通訊地址：

現任公司/僱主名稱：_____ 職位：_____ 工作性質：_____

教育程度： 中學三年級 中學畢業 大學 專上 專業/其他，請列明 _____

申請人必需符合以下條件，方獲考慮：

獲得相關中工測試證明書後1至3年相關工作經驗（請提供工作證明副本）

《收集個人資料聲明》

1. 你向建造業議會或香港建造學院〔「議會或學院」〕所提供的資料，包括《個人資料（私隱）條例》所指的個人資料，只會用於相關議會或學院之活動。
2. 為讓你得知最新的議會或學院活動和行業內發展情況，議會或學院將使用你的個人資料，包括你的姓名、電話號碼、郵寄和電郵地址，將有關訓練課程、測試、註冊、活動項目、議會或學院工作和建造業其他方面的最新資訊提供給你。
3. 在未取得你的事先同意前，議會或學院不會將你的個人資料轉移給任何第三方。
4. 你必須向議會或學院提供完整的資料。如你未能提供完整的資料，議會或學院或無法處理及/或考慮你的申請。你可選擇是否同意接收上述資訊。若不同意的話，請於下列有關拒收資訊一欄之空格內加上「✓」號。
5. 你有權要求查閱及修正你的個人資料。有關申請須以書面向議會或學院提出，地址為九龍觀塘駿業街56號中海日升中心38樓。

本人不同意日後接收由建造業議會或香港建造學院發出有關議會或學院活動和與建造業相關的資訊。

申請人聲明

1. 本人聲明本報名表內所載一切資料，依本人所知均屬真確，並知道倘若虛報資料或有任何遺漏，申請即屬無效或無法處理，且喪失報讀本課程的資格。
2. 本人同意如本人註冊入學，當遵守香港建造學院之學生守則。
3. 本人已閱讀及明白本報名表內的《收集個人資料聲明》。
4. 本人聲明本人為香港合法居民及可在香港合法受僱。

申請人簽署： 日期：

本欄由學院填寫

開課日期：_____年_____月_____日

編號：

填表須知：

1. 填表前，請先細閱《收集個人資料聲明》。
2. 請以單一文字填寫。
3. 個人資料必須與香港身份證相同。
4. 請在適當的□內✓。
5. 請將填妥的報名表連同資歷證明副本及工作證明副本郵遞至香港九龍觀塘駿業街56號中海日升中心38樓建造業議會或親身交往：葵涌葵合街7至11號香港建造學院-葵涌院校
6. 每表格只供一人填寫，影印本亦會受理。
7. 本學院會於開課前聯絡獲取錄之申請人有關上課事宜。

查詢電話
2100 9000

傳真
2100 9690

此欄由申請人清楚填寫

姓名：

通訊地址：

此欄由申請人清楚填寫

姓名：

通訊地址：



**Leveller
Advanced Construction Manpower
Training Scheme - Pilot Scheme
(Skills Enhancement Courses)**

Personal Particulars

English Name: _____

(As shown on HKID Card or Passport)

If your age is above 70, please '✓' the box for appropriate administrative arrangement.

Date of Birth: _____YY_____MM_____DD Sex: Male Female

Tel. No.: _____

Email address: _____

Nationality/Race: _____ *HKID/Passport No.: _____ ()

Mailing Address: _____

Current Company/Employer: _____ Title: _____

Nature of Work: _____

Education Level: Secondary 3 Secondary Post Secondary University or above
 Professional Qualification, please specify _____

Application will only be considered if the applicant fulfills the following 2 requirements

- possessed Intermediate Trade Test in Leveller
- possessed 1 to 3 years of relevant working experience

For official use only		
Course Commencement Date:		
DD	MM	YY
Application No: _____		

Notes to Applicant:
1. Please read «Personal Information Collection Statement» below before you fill this application form;
2. Please fill in the form in English;
3. Personal information should correspond with that on your HKID Card;
4. Please '✓' in the appropriate box;
5. Please complete and return the application form with a copy of HKID card and qualifications by post to CIC, 38/F, COS Centre, 56 Tsun Yip Street, Kwun Tong, Kowloon or in person to: HKIC - Kwai Chung Campus 7-11 Kwai Hop Street, Kwai Chung
6. Each application form is for one applicant only but photocopy with original signature is accepted.
7. HKIC will contact admitted applicants on the course commencement date.

Personal Information Collection Statement

- The information you provide to the Construction Industry Council (the CIC), including any personal data as defined in the Personal Data (Privacy) Ordinance (the Ordinance), will be used solely for purposes related to the activities of the CIC.
- To keep you informed of CIC activities and industry developments which may be of interest, the CIC would like to use your personal data, including your name, phone number and correspondence and email addresses, to update you in relation to training courses, trade testing, registration, events and other aspects of its work and the construction industry.
- You are free to decide whether you wish to receive such information. If you choose not to do so, please put a tick in the box below.
- You are also entitled to request access to and correction of any errors in your personal data. If you wish to do so please write to the CIC at 38/F, COS Centre, 56 Tsun Yip Street, Kwun Tong, Kowloon
 I do not wish to receive any information from the CIC in relation to its activities or developments in the construction industry

Declaration

- I declare that all information given in this application form is, to the best of my knowledge, accurate and complete. If any false or incomplete information is given, the application is deemed to be invalid and I shall forfeit my right to apply for this course.
- I declare that I have read and understood the Personal Information Collection Statement.
- I declare that I am Hong Kong legal resident and permitted to work in Hong Kong.
- I consent that if registered, I will conform to the regulations of the Council.

Signature of Applicant: _____ Date: _____

To be completed by the applicant for sending notice

Name: _____

Mailing Address: _____

To be completed by the applicant for sending notice

Name: _____

Mailing Address: _____