

Certified Dementia Care Planner (CDCP) Course

~11th series

ENROLMENT FORM

Deadline: 13th October, 2017 (Friday)

PERSONAL PARTICULARS

Name (in English): _____ Name (in Chinese): _____

Title: Mr Miss Mrs Ms Others (please specify): _____

Employer/ service unit (if any): _____

Position: _____

Profession: Social Worker Doctor Occupational Therapist
 Physiotherapist Nurse Others (please specify): _____

Contact number: (mobile) _____ (office) _____

Postal address: _____

*Email: _____

**As notification of admission and updates of the course will be sent by email, please state your email address clearly.*

QUALIFICATIONS AND WORK EXPERIENCES

Please provide information with reference to the **entry requirements** stated in the course leaflet.

Please continue in a separate sheet if necessary.

Successful applicants are required to present relevant supporting documents in the first session of the course for verification.

A. Relevant academic and professional qualifications (in chronological order)

Academic and professional qualifications	Issuing Institution / Authority	Professional registration number (if applicable)	Date of issue

B. Please provide recent two related working experience (including current one, in chronological order)

Working experience in healthcare/ social service settings: _____ year(s) _____ month(s)

Employer (for part-time jobs, please specify)	Position held	From MM/YYYY	To MM/YYYY	Scope of duties

COURSE ENROLMENT (Please refer to the course flyer for detail and “✓” appropriate box(es) below)

Option	Fee
<input type="checkbox"/> Full course (5 Modules)	\$7,000
<input type="checkbox"/> Full course (5 Modules) <i>only applicable to graduates of Bridging Course for CDCP</i>	\$6,800
<input type="checkbox"/> Full course (5 Modules) <i>Subsidized by Lee Hysan Foundation and only applicable to staff of DECCs or NECs, limited seats on first come first served basis</i>	\$2,800
<input type="checkbox"/> Module(s) <input type="checkbox"/> Module 1 <input type="checkbox"/> Module 4 <input type="checkbox"/> Module 2 <input type="checkbox"/> Module 5 (<i>only for those completed Module 3</i>) <input type="checkbox"/> Module 3	\$1,500 x ____ module(s) = \$ _____
<input type="checkbox"/> Session(s) <input type="checkbox"/> M201 <input type="checkbox"/> M303 <input type="checkbox"/> M202 <input type="checkbox"/> M304 <input type="checkbox"/> M203 <input type="checkbox"/> M501 <input type="checkbox"/> M204 <input type="checkbox"/> M502 <input type="checkbox"/> M301 <input type="checkbox"/> M503 <input type="checkbox"/> M302 <input type="checkbox"/> M504	\$400 x ____ session(s) = \$ _____
How are you going to collect the certificate? (please select option below)	
<input type="checkbox"/> Collect in person or by authorized person within 2 months after graduation <i>Collection address: Flat A, 7/F TLP132, 132-134 Tai Lin Pai Road, Kwai Chung, New Territories</i> <i>Collection time: Monday to Friday (except public holidays)</i> <i>9:00am to 1:00pm; 2:00pm to 6:00pm</i>	no fee charged
<input type="checkbox"/> Delivered to applicant's postal address by local courier	\$80 additional administration fee

\$ _____ (course fee) + \$ _____ (administration fee, if any) = \$ _____ (Total fee)

Please attach a cheque made payable to “Hong Kong Alzheimer’s Disease Association” with this form by post to Hong Kong Alzheimer’s Disease Association - Institute of Alzheimer’s Education (Address: Flat A, 7/F, TLP132, 132-134 Tai Lin Pai Road, Kwai Chung, New Territories.) (Course application)

Once your admission to the course is confirmed, all fees will be non-refundable. For unsuccessful enrolment, cheque will be returned to applicant by post.

DEMENTIA CARE CHALLENGES AND EXPECTED LEARNING OUTCOMES

Please briefly state your perceived challenges in dementia care and expected learning outcomes.

APPLICATION FOR WAIVE OF ATTENDANCE

If applicant attended and successfully completed module(s) or session(s) of the CDCP course, including tests/ examinations/ assignment required, within one year before the commencement of the CDCP course he/she is applying, waive of attendance of the same module(s) or session(s) can be applied for his/her application of full course by providing the below information.

As training topics may be adjusted in different series of the course, waive of attendance in the same training topics in modular study mode will only be approved.

Module(s)/Session(s) attended	Completion dates(s) of the module(s)/session(s) <i>(Please list out the date of each module/ session)</i>
<input type="checkbox"/> Module 1 <input type="checkbox"/> Module 2 <input type="checkbox"/> Module 3 <input type="checkbox"/> Module 4 <input type="checkbox"/> Module 5	
Not apply to 1st to 10th Series of course <input type="checkbox"/> M201 <input type="checkbox"/> M202 <input type="checkbox"/> M203 <input type="checkbox"/> M301 <input type="checkbox"/> M302 <input type="checkbox"/> M303 <input type="checkbox"/> M304 <input type="checkbox"/> M501 <input type="checkbox"/> M502 <input type="checkbox"/> M503	

DECLARATION

1. I declare that all information provided herein and the attachment, if any, is complete, true and accurate to the best of my knowledge.
2. I understand that I shall be disqualified for the enrolment and registration should I provide any false or misleading information herein. All fees paid are not refundable.
3. I will comply with the rules and regulations of the Hong Kong Alzheimer's Disease Association – Institute of Alzheimer's Education once I have been admitted to the course.
4. I have read and fully understood the course leaflet and enrolment form, and agree to all the terms and conditions stated herein. I am aware that the Hong Kong Alzheimer's Disease Association will rely on the information provided by me to determine my eligibility for admission to the course.
5. I understand that the personal data provided herein will be used for assessing my eligibility and processing for admission, registration, academic, administrative, research and statistical purposes. It may also be provided to the authorized third parties, where applicable, for the above purposes.
6. I agree that Hong Kong Alzheimer's Disease Association (HKADA) may use my personal data to provide me with information on their services, training programmes and fundraising activities, except the below with "√".
 - I do not agree the HKADA to use my personal data for sending their service information
 - I do not agree the HKADA to use my personal data for sending their training information
 - I do not agree the HKADA to use my personal data for sending their fundraising information
7. I understand that I can request for access and change of my personal data by sending email to iae@hkada.org.hk.

Signature of applicant: _____

Date: _____