

# Integrated Oncology Course for Nurses & Allied Health

A Comprehensive Foundation Course that opens up a New Dimension of Oncology Management

The Hong Kong Anti-Cancer Society is a Continuing Education Provider accredited by the Nursing Council of Hong Kong

## Application Form for Course: 5 September –28 November 2018

### PERSONAL PARTICULARS (please complete in block letters)

Name (English): \_\_\_\_\_ (中文名): \_\_\_\_\_

Home address (In full): \_\_\_\_\_

Telephone: (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

Gender: \_\_\_\_\_ HK I.D. Card number (for identification only): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail address (must be updated): \_\_\_\_\_

### WORK DETAILS (please avoid excessive abbreviations)

Hospital/organization: \_\_\_\_\_

Specialty/Workplace: \_\_\_\_\_ Position: \_\_\_\_\_

Professional Qualification: \_\_\_\_\_

### APPLICATION PROCEDURE (incomplete application will not be processed)

- ◆ Please return the completed application form **before 17 August 2018**, together with:
  1. The course fee **HK\$3,500** by cheque payable to **The Hong Kong Anti-Cancer Society**,
  2. and a **self-addressed stamped (\$2) envelop**;
- ◆ Send to: The Hong Kong Anti-Cancer Society, 5/F, 30 Nam Long Shan Road, Wong Chuk Hang, Hong Kong (Integrated Oncology Course);
- ◆ All applicants will be informed on or before **24 August 2018**;
- ◆ Course fee includes lectures, guided visits, learning materials, educational publications & certificate. Course fee is non-transferable;
- ◆ Once accepted, withdrawal must be confirmed by writing. 50% fee refund only for cancellations made before **24 August 2018**
- ◆ Please direct your enquiries to Mr. Wong, Health Education Assistant, by telephone 3921-3831, via e-mail [ch.wong@hkacs.org.hk](mailto:ch.wong@hkacs.org.hk) or fax 3921-3818.

### ADDITIONAL INFORMATION (we would like to see your commitment to the course)

Please state your objectives and expectations to the course \_\_\_\_\_

### NOMINATION (Optional. Can be made by your superior, lecturer or graduate of this course)

Recommendation: \_\_\_\_\_

Name & position of nominator: \_\_\_\_\_

### How do you know this course?

E-Mail     Friends/Colleagues     Website     Poster     Others: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date