

Please email the completed form to institute@hkcss.org.hk by **6 July 2022 (Wed)**.

Part A: Particulars of the Participant	
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Others
Name in English (as shown on HKID card)	
Organization	
Job Title	
Department/Division	
Email	
Contact No.	

Part B: Particulars of the Referee*	
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Others
Name in English	
Organization	
Job Title	
Department/Division	
Email	
Contact No.	
Signature of the Referee (with Organization's chop)	
Date	

<Remarks*>

- The referee can be the (1) direct supervisor of the participant; (2) senior management of the participant's organization; or (3) HR manager of the participant's organization.