

Course Application Form

Name of applicant (in English)	
Name of applicant (in Chinese)	
Occupation	
Working institution	
Contact address	
Email address	
Telephone no	
Course reference no	Ac20210901 (Full course / Refresher course)
Cheque no. & name of Bank	
Date	

**Please send the application form to
701, 7/F, Austin Plaza, 83, Austin Road, Kowloon
with a crossed cheque payable to AIMS INTEGRATED MEDICAL CENTRE LTD**

Successful applicant will be contacted individually by email/phone.

**For further enquiry, please contact Tel.23928832
or email: aimsintmed@gmail.com**

Our centre reserves the right to cancel the course and full refund will be arranged.

(CPD application in progress)