



**The Prince Philip Dental Hospital**  
**Dental Technician Training Centre**

Room 4B07  
 34 Hospital Road, Hong Kong  
 Tel.: 2859 0531  
 Fax: 2972 4302  
 Email: dttc@ppdh.org.hk  
 Website: ww.ppdh.org.hk

**Application Form for Short Courses 2010**

- Application Method: 1. Please send, together with this Application Form, a crossed cheque made payable to “**The Prince Philip Dental Hospital**” to Dental Technician Training Centre (Do NOT send cash by post); OR  
 2. pay cash or crossed cheque and submit this application form to Shroff Office (1/F)

Note: (i) Refund of fee or course transfer is only permitted if the enrolled course is full or cancelled.  
 (ii) You may apply for more than one course on the same Application Form.

Acceptance: First come, first served  
 Medium of Instruction: Cantonese supplemented with English Terms  
 Shroff Office Hours: Monday to Friday 8:15 a.m. - 12:45 p.m.  
 1:45 p.m. - 5:30 p.m.

**Personal Data**

The Hospital will use your personal data for enrolment, statistics and course promotion; and will only use, disclose or transfer it where permitted by law. Please make sure that the data are accurate and complete. Should you request access to or amend your Personal Data according to Personal Data (Privacy) Ordinance, please contact the Dental Technician Training Centre.

Name: \_\_\_\_\_ (Chinese) \_\_\_\_\_ (English)

Sex: \_\_\_\_\_ Clinic / Company: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

| Course Code | Course Title | Fee | Cheque No. |
|-------------|--------------|-----|------------|
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|             |              |     |            |
|             |              |     |            |

Signature: \_\_\_\_\_  
 PPDH/DT/7 (06.2010)

Date: \_\_\_\_\_