



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 2011

- 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.

Signature: _____
PPDH/DT/7 (07.2011)

Date: _____