

PROFESSIONAL QUALIFICATIONS/MEMBERSHIPS (in chronological order) if appropriate

Name of Professional Institute	Qualification/Membership Obtained	Date of Award

EMERGENCY CONTACT INFORMATION

1. Name of emergency contact :	1. Name of emergency contact :
2. Telephone (Home) :	2. Telephone (Home) :
3. Mobile Phone :	3. Mobile Phone :
3. E-mail address :	3. E-mail address :
4. Relationship :	4. Relationship :

CRIMINAL AND DISMISSAL RECORD

		No	If "Yes" please give particulars
1	Have you ever been arrested or convicted of a criminal offence other than a minor traffic violation in Hong Kong or elsewhere?		
2	Have you ever been dismissed from any employment?		

Signature of Applicant : _____

Date : _____

Please return the completed form to THE NESBITT CENTRE LTD, LG/F Sai Ying Pun Community Complex, Sai Ying Pun, Hong Kong, or by fax to (852) 2813 4536 or by email to info@nesbittcentre.org.hk.