

Centre for Continuing Education

APPLICATION FOR STUDENT TRAINEE RECRUITMENT

PARTICULARS O	FAPPLICANT					
Name in Chinese		Sex: □	Male □ Fem	ale		
Name in English		<u>_</u>			РНОТО	
Date of Birth:				(or attach via email)		
Faculty:		Student ID No.:				
Contact:	(Mobile)	(WeChat)				
Emergency Contact:	(Name)	(Mobile)				
E-mail Address:						
ACADEMIC QUA	LIFICATIONS					
Name of Schools / Institutions		Entering (Entering (mm/yyyy)		Leaving (mm/yyyy)	
		Form /	Form / Level		Form / Level	
WORK EXPERIE	NCE					
Name of	Posi	Position		From mm/yyyy to mm/yyyy		
SKILL TABLE						
\Box Microsoft Office \Box Photography		phy	🗆 Grap	n		
□ Videography	🗆 Video Ec	liting	g 🗆 Press Rel		elease	
□ Event Planning	□ Emcee			port		
Other:						

*Please indicate your skill by putting a tick " \checkmark " in the appropriate box

ROSTER							
Section	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00-12:30							
09:30-13:00							
13:00-17:00							
13:30-17:00							
17:00-19:00							
18:00-20:00							

*Please indicate your available schedule by putting a tick " \checkmark " in the appropriate box

Signature: _____

Date:_____