



新加坡中医学院

新加坡中医师公会主办

SINGAPORE COLLEGE OF TRADITIONAL CHINESE MEDICINE

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报名表

Application Form

课程选择 (请在□内打√) PROGRAM SELCTION (PLEASE TICK✓)

- 中医健康管理师文凭 (中文)
Diploma in Chinese Medicine Health Management Practitioner (Chinese)
- 中华药膳师文凭 (中文)
Diploma In Chinese Medicated Food Dietician (Chinese)
- 保健推拿师文凭 (中文)
Diploma In Healthcare Tuina (Mandarin)
- 中医助理证书 (中文)
Certificate In TCM Assistant (Chinese)
- 乐龄人士中医健康调护师 (中文)
Diploma In TCM Elderly Healthcare Therapist (Mandarin)

- Certificate in TCM Assistant
- Certificate in Basic Theory of TCM
- 中医药基础证书 (中文)
Certificate in Basic Theory of TCM (Chinese)
- 中医儿童健康调理师证书 (中文)
Certificate In TCM Children Healthcare Therapist (Chinese)

个人资料 PERSONAL DETAILS

院方会确保学生资料的私密性 SCTCM will ensure that the Student information is kept confidential at all times

英文姓名 (同护照)

Name as per Passport

华文姓名

Name in Chinese

出生日期

DOB

身份证号码

NRIC/Fin No

国籍

Nationality

性别 Gender

 男 M 女 F

婚姻状况 Marital Status: 单身 Single

已婚 Married 离异 Divorced

准证类型

Type of Pass Holder

 工作证 长期居留证 家属证 其它

EP/SP/WP

LTVP

DP

Others: _____

有效期

Expiry Date

最高学历

Highest Qualification

 博士 PhD 硕士 Master 学士 Degree 大专 Diploma 高中 A Level 初中 O Level 中职技校 ITE 其它 Others

毕业院校

Name of Institution

毕业年份

Year Obtained

公司名称

Name of Company

职位

Occupation

邮寄地址

Mailing Address

Singapore ()

手机 Mobile

电邮 E-mail

您如何了解到新加坡中医学院 HOW DID YOU FIND OUT ABOUT US?

- 报纸 newspaper 学院网站 Website 电台 Radio 电视 TV Facebook 朋友推荐 Recommendation
- 招生资料 flyer 网络广告 online advertisement 横幅广告 Banner 其它 others _____

学习目的 OBJECTIVE OF STUDY

- 成为中医药保健类人才 To engage in other TCM related Professionals
- 养生保健 For Health Maintenance 掌握一技之长 To learn a skill 业余爱好 As a hobby

申请人申明 DECLARATION BY APPLICANT

- 余谨声明, 以上填报资料, 均属事实。我同意并授权学院审核以上资料。
I hereby declare that all the particulars furnished by me in this application are true and correct. I authorize any investigation of the above information for the purpose of verification.
- 我明白报名费恕不退还不转让。
I understand that the application fee is non-refundable and non-transferable.
- 我同意接收从新加坡中医学院打给我的电话、短信与电邮, 不论我是否在网上注册了 DNC。
I agree to receive phone call, text and email from SCTCM. This consent overrides any registration with the DNC registry.
- 我同意在此申请表中提供的所有个人资料, 包括身份证/护照复印件, 将可以用于课程行政管理。
I consent to all personal data provided in this application (including the photocopy of NRIC/Passport and education certificate) to be used by Singapore College of Traditional Chinese Medicine Limited for the purpose of course administration.

签名 Signature

日期 Date

仅供办公室填写 FOR OFFICE USE ONLY

报名费

收据号

经办职员

日期