

*~21st series*

*FOR OFFICAL USE*

 Admitted Rejected

 Waitlisted

**Certified Dementia Care Planner (CDCP) Course**

APPLICATION FORM

*Please read through the “Personal Information Collection Statement” (the document can be downloaded at https://www.hkada.org.hk/privacypolicy)*

*before you providing any personal data to us.*

**Deadline: 23rd August, 2021 (Monday)**

**PERSONAL PARTICULARS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name *(in English)* : |  | Name *(in Chinese)* : |  |
| Title : [ ]Mr [ ] Miss [ ]Mrs [ ]Ms Others *(please specify)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer/ service unit *(if any)* : |  |
| Position : |  |
| Profession : | [ ]Social Worker [ ]Doctor [ ]Occupational Therapist**[ ]**Physiotherapist [ ]Nurse [ ]Others *(please specify)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact number : | *(mobile)*  | *(office)*  |
| Postal address : |  |
| \*Email : |  |
|  *\*As notification of admission and updates of the course will be sent by email, please state your email address clearly.* |

**QUALIFICATIONS AND WORK EXPERIENCES**

*Please provide information with reference to the* ***entry requirements*** *stated in the course leaflet.
Please continue in a separate sheet if necessary.*

**A. *Relevant academic and professional qualifications*** *(in chronological order)*

|  |  |  |  |
| --- | --- | --- | --- |
| *Academic and professional qualifications* | *Issuing Institution / Authority* | *Professional**registration number**(if applicable)* | *Date of issue* |
|  |  |  |  |
|      |      |      |      |

**B. *Please provide recent two related working experience*** *(including current one, in chronological order)*

|  |  |  |
| --- | --- | --- |
| 1. Working experience in elderly service settings: |  year(s) | month(s) |
| 2. Working experience with people living with dementia and/or their carers: |  year(s) | month(s) |
| 3. Working experience in other healthcare/ social service settings: |  year(s) | month(s) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Employer**(for part-time jobs, please specify)* | *Position held* | *From**MM/YYYY* | *To**MM/YYYY* | *Scope of duties* |
|     |     |     |     |     |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. Service Setting: | [ ]Day Centre/ Day Care Centre | [ ]C&A Home/Nursery Home | [ ]Hospital |  [ ]NEC/ DECC |
|  | [ ]IHCS/ EHCCS/ Home Support | [ ]Non-elderly social service | [ ]Non-subvented elderly support service |
|  | [ ]Others *(please specify)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *next page* |

**COURSE APPLICATION***(Please refer to the course flyer for detail and “✓ ” appropriate box(es) below)*

|  |  |
| --- | --- |
| *Option* | *Fee* |
| [ ] Certified Dementia Care Planner | $8,500 |
| [ ] Module(s)

|  |  |
| --- | --- |
| [ ] Module 1 ($2,100) | [ ] Module 3 ($2,600) |
| [ ] Module 2 ($2,100) | [ ] Module 4 ($2,600) |
| [ ] I have taken other modules within one year and would like to applyfor the certificate of Certified Dementia Care Planner in this series. |

 | $2,100 x \_\_\_\_ module(s)+$2,600 x \_\_\_\_ module= $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Session(s)

|  |  |
| --- | --- |
| [ ]M201 | [ ]M305 |
| [ ]M202 | [ ]M306 |
| [ ]M301 | [ ]M307 |
| [ ]M303 | [ ]M404 |
| [ ]M304 | [ ]M405 |

 | $650 x \_\_\_\_ session(s) = $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total fee | $ [\_\_\_\_\_\_\_\_\_\_\_\_\_] |

*Please email the completed application form to* *iae@hkada.org.hk**.*

*The completed application form together with cheque (including all fees) payable to “Hong Kong Alzheimer’s Disease Association” should be sent to the following address by post before the deadline. Please email the completed application form to iae@hkada.org.hk before posting the hard copy.*

*Hong Kong Alzheimer’s Disease Association - Institute of Alzheimer’s Education*

*G/F, Wang Yip House, Wang Tau Hom Estate, Kowloon*

*(Course application)*

*Once your admission to the course is confirmed, all fees will be non-refundable. For unsuccessful application(s), cheque will be returned to applicant(s) by post.*

*\*HKADA reserves the rights for admission*

*next page*

**DEMENTIA CARE CHALLENGES AND EXPECTED LEARNING OUTCOMES**

Please briefly state your perceived challenges in dementia care and expected learning outcomes.

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| --- |
|              |

**DECLARATION**

1. I declare that all information provided herein and the attachment, if any, is complete, true and accurate to the best of my knowledge.

I understand that I may be required to present corresponding documentary proof if deemed necessary.

1. I understand that I shall be disqualified for the application and registration should I provide any false or misleading information herein. All fees paid are not refundable.
2. I will comply with the rules and regulations of the Hong Kong Alzheimer’s Disease Association – Institute of Alzheimer’s Education once I have been admitted to the course.
3. I have read and fully understood the course leaflet and application form, and agree to all the terms and conditions stated herein. I am aware that the Hong Kong Alzheimer’s Disease Association will rely on the information provided by me to determine my eligibility for admission to the course.
4. I understand that the personal data provided herein will be used for assessing my eligibility and processing for admission, registration,

academic, administrative, research and statistical purposes. It may also be provided to the authorized third parties, where applicable, for the above purposes.

1. I understand that I can request for access and change of my personal data by sending email to iae@hkada.org.hk.
2. I hereby confirm that I have read, understood and agreed the Personal Data Privacy Policy (the Policy) of Hong Kong Alzheimer’s Disease Association (HKADA, the Policy available on the HKADA website) before I providing the above information.

HKADA may use the provided information for the below purposes. (Please tick the appropriate box(es))

[ ]Agree /[ ] Object to permit HKADA to use my personal data in sending HKADA’s service information.

[ ]Agree /[ ] Object to permit HKADA to use my personal data in sending HKADA’s educational information.

[ ]Agree /[ ] Object to permit HKADA to use my personal data in sending fundraising related information.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_