

Enrolment Form

Personal Information

Full Name (Eng.): _____ (Chi.): _____

Gender: _____ Date of Birth: _____

Contact Address: _____

Contact No.: _____ E-mail: _____

Company Background

Company Name: _____

Business Nature: _____

Job Title: _____

Job Nature: _____

Working Experience: _____ Year(s) No. of subordinates: _____

Do you have business trip frequently during the course period?

Yes No

Educational Background

Highest Education Level: _____

Name of University / College / Institution: _____

Subject Major: _____

Miscellaneous Information

How did you know us? (You may choose more than one option)

Magazine/Newspaper, please specify _____

Facebook Our homepage H.R./Training Department of your company

Electronic Direct Mail (EDM) from _____

Referred By: _____

Others, please specify: _____

Have you taken any leadership training related course(s) before?

Yes, I have taken _____ No

Declaration

I declare that the information given in this application, to the best of my knowledge, is true, complete and accurate. I understand that if I make any false or misleading information, my application may be declined or revoked any time.

Name of Bank _____

Cheque Number _____

Applicant's Signature _____

Date of Application _____

Personal Data (Privacy Policy) Statement

The Leadership Training Association (LTA) is collecting the information on this form to access and approve or disapprove the application for the Leadership Training Course (LTC 2009). Only authorized officers have the access to this information. The personal information will not be disclosed to any other third party without your consent, unless authorized or required by law, in accordance with the Personal Data (Privacy) Ordinance.

Disclaimer: LTA has made its best effort to ensure the safety of participants. However, participants should only engage in course activities according to their physical conditions. LTA assumes no liability for any injury that may result from the pursuit of any activities in LTC 2009.