



無障礙通道安排及合理調整申請表  
Application Form for Disabled Access & Reasonable Adjustments

TR/088

申請需知 Notes for Application

1. 本中心在能力範圍內，以及不影響課程/考試完整性的情況下，可為有身心障礙的學員提供一些無障礙設施和合理調整。本中心沒有可供身心障礙人士使用之輔助設備。  
CPTTM, within its capability and without affecting the integrity of the training/examination, can provide certain types of disabled access and reasonable adjustments for students with disabilities. CPTTM does not have supplementary instruments for use by individuals with disabilities.
2. 申請人出示身份證，以及殘疾評估登記證(或醫生證明等證明文件)的正本以供本中心核對。  
The applicant needs to present the original identity document and registration card for disabilities (or medical certificate etc) for verification by CPTTM.
3. 申請人必須最遲於課程報名截止前 10 個工作天（若沒設課程報名截止日期，則以開課日期計提出申請；正常情況下，本中心在收到申請表及所需文件後 5 個工作天內以流動電話短訊(SMS)通知報讀人（或其聯絡人）申請結果。  
The applicant must submit this application to CPTTM latest by the course enrollment deadline (if there is no enrollment deadline defined, the course start date will apply); under normal circumstances, CPTTM will reply via mobile SMS within 5 working days after receiving the form and the required documents.
4. 報讀人所提供的個人資料及文件，本中心只會作處理其無障礙通道安排及合理調整申請之用，並會作保密處理。  
The personal information and documents provided are only for the purpose of processing the application for arranging disabled access and reasonable adjustments, and they will be treated as confidential.

報讀人全名		
Applicant Name in Full		
身份證明文件編號 ID Document No.		
流動電話號碼 Mobile Telephone No.	(以接收SMS短訊和聯絡用 for receiving SMS notification & contact)	
電郵地址 Email Address		
聯絡人姓名 Contact Person Name	(如適用 if applicable)	
聯絡人流動電話號碼 Mobile Telephone No.	(以接收SMS短訊和聯絡用 for receiving SMS notification & contact)	
申請日期 Date of Application:		

(請繼續填寫第 2 頁 Please continue to complete Page 2)

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Application Form for Disabled Access & Reasonable Adjustments

請列出所屬身心障礙之類別 (可多選) Please select type of disability(s):			
<input type="checkbox"/> 視力 Visual	<input type="checkbox"/> 聽力 Hearing	<input type="checkbox"/> 語言 Speech	<input type="checkbox"/> 肢體 Physical
其他, 請註明 Others, please specify			
社會工作局殘疾評估登記證編號* IAS Registration Card for Disabilities No.*			

(\*) 或附上相關醫生證明 or provide related medical certificate

<b>所需之特別安排 Type(s) of Special Arrangement Needed</b>	
<input type="checkbox"/> 預約優先辦理服務 Make appointment for priority service	
<input type="checkbox"/> 從大廈入口至升降機前需要無障礙通道 Disabled access from the entrance of the building to before the elevators	
<input type="checkbox"/> 無障礙洗手間 Washroom facilities for the disabled	
<input type="checkbox"/> 方便進出之課室/考室座位 Priority seating in the classroom or examination room	
<input type="checkbox"/> 攜同一名手語翻譯上課 To bring a sign language interpreter during training	
<input type="checkbox"/> 放大字體的講義/考試卷 Enlarging the font size of handouts/exam papers	
<input type="checkbox"/> 其他, 請註明/ Others, please specify:	

- 本人(或代表人, 如適用) 聲明申請表內填寫及遞交之資料全部屬實。如有不實資料, CPTTM有權取消本人之申請、就讀或考試資格。 I (or representative, if applicable) declare that the information given in this application form and related documents is true and correct. I am aware that CPTTM reserves the right to terminate my application, study and examination to be taken at any time if any information given in this form is found later to be untrue, false or incorrect.
- 本人(或代表人)已閱讀及同意接受上述申請需知。 I (or representative, if applicable) have read agreed to accept the above Notes for Application.

\_\_\_\_\_  
報讀人簽名 Applicant Signature  
(與身份證明文件相同 as in the Identity Card)

或 or

\_\_\_\_\_  
代表人簽名 Representative Signature  
ID No. 身份證明文件編號: \_\_\_\_\_

只供CPTTM使用 For CPTTM Use Only			
經辦人 Handled by		日期 Date	
經理/分組經理(M/UM) 建議 Recommendation:		簽名 Signature	
		日期 Date	
高級經理 (SM) 批核意見 Review & comment:		簽名 Signature	
		日期 Date	
<input type="checkbox"/> 已通知申請人 Applicant informed	經辦人 Handled by:	通知日期 Informed on:	