

Assessment Application Form 申請評核表

IMPORTANT NOTE 重要事項

- 1. Please consult us before making application if you are in doubt that your qualifications/studies elsewhere are equivalent in level and content to the SSI qualifications/courses you applied. 在進行申請前,請先與我們確認您的資格/學歷與本會所要求的相等。
- 2. The supporting documents can be handed in softcopy or hardcopy. Failed to provide the documents may not be granted exemptions in result. 所有證明文件可以電子或列印副本提交,如未能提供,可能不會獲得有關豁免。
- 3. Applicants who cannot fulfill the requirements of Examination Board will be required to complete courses in the SSI, pass examinations <u>OR</u> complete projects according to your applications. The assessment may take two to three weeks. 未能合乎考試委員會要求的申請者,將根據其申請而被要求完成本會的課程、通過考試或完成項目。審核過程需時二至三星期。
- 4. The personal data provided on this form is used by SSI for administration purposes. Under the provisions of the Personal Data (Privacy) Ordinance, applicants have rights to request access to and make correction of their personal data. 申請人於此表格提供的個人資料,本會只作行政目的使用。根據個人資料(私隱)條例,申請人有權查詢及更改其個人資料。

PERSONAL INFORMATION 個人資料								
				*Please de	lete whichever inappropriate 請刪去不適用者			
Chinese Name 中文姓名^ (先生/小姐/太太/女士*):	_							
English Name 英文姓名^ (Mr./Miss/Mrs./Ms.*):	[Surname	e 姓氏]	[First Name	9 名字]				
^Must be the same as shown on HKID card/Passport 必須與香港身份證/護照相同								
KID Card/Passport No*.Issuing Country (if any)香港身份證/護照號碼*:簽發國家(如有):								
(For verification of the applicant's identity only 只用作核實申請人身份)								
Company Name 公司名稱:	_		Position 職位:					
Mobile No. 手提電話:	Office Te 辦事處電			Home Tel. 住宅電話:				
E-mail 電子郵箱:				Fax 傳真:				
Postal Address 通訊地址:								
#Please make a cross 'X' in the appropriate box 請在合適方格內打上「x」號 Age 年齡#: □ 18-25 □ 26-35 □ 36-45 □ 45-55 □ 55+ Highest Achieved Education Level 最高教育程度#: □ Secondary 中學 □ Post-Secondary 專上 □ University 大學 □ Postgraduate or above 研究院或以上 □ Others 其他:□ □ # I do not want to receive SSI information by email/fax in future. 本人不希望日後以電郵/傳真方式接收六式碼學會資訊。								
TYPE Of APPLICATION 申請類別# #Please make a cross 'X' in the appropriate box 請在合適方格內打上	「x」號	Administration Charge 行政費		nation e 考試費	Total Charges 總費用			
□ Six Sigma Champion 六式碼總監		HK\$500	HK\$50	0	HK\$1,000			
□ Six Sigma Green Belt 六式碼綠帶		HK\$500	HK\$50	0	HK\$1,000			
□ Six Sigma Black Belt 六式碼黑帶		HK\$1,000	HK\$1,0	000	HK\$2,000			
□ Six Sigma Master Black Belt 六式碼主	任黑帶	HK\$1,000	HK\$1,0	000	HK\$2,000			
□ Lean Leader 精益領袖		HK\$500	HK\$50	0	HK\$1,000			
□ Lean Specialist 精益專家		HK\$1,000	HK\$1,0	000	HK\$2,000			
Remarks 備註: Administration Charge is for one-trial and non-refundable. 行政費只可作一次性申請用並不可退還。 Examination Charge is for one-trial and will be refunded for exempted examination. 考試費只可作一次性申請用,如獲豁免考試將被退還。								
SIX SIGMA TRAINING EXPERIENCE (in reverse chronological order) 六式碼學歷 (依最近期次序排列)								
Training Organisation(s) 培訓機構		Course(s) Taker	選修課程		Period 修讀年期 (mm/yy)			

(Note 注意: Please attach relevant documents for verification purpose 請連同相關證明文件遞交作審核用途)								
SIX SIGMA PROJECT INFORMATION (for Black Belt/Master Black Belt applicants only) 六式碼項目資料(只適用於黑帶/主任黑帶申請者)								
	Name of Project(s) 項目名稱	Estimated Savings 估計質	Period 修讀年期 (mm/yy)					
				_				
	te 注意: Please attach relevant document	s for verification purpose 請連同相關證	登明文件遞交作審核用途)					
PA	YMENT METHOD 付款方法#							
□ Cheque No. 支票號碼:								
	ATM 自動櫃員機 (Please use Bill Payment service at HSBC / Hang Seng Bank ATMs to settle the bill and keep the original of the ATM advice for record. 請使用滙豐或恒生銀行自動櫃員機的繳賬服務繳費,並保存自動櫃員機通知書正本以作紀錄。HSBC Account Name and No.: Six Sigma Institute Limited 004-126-848001-001. 滙豐銀行帳戶名稱及帳號: 六式碼學會有限公司 004-126-848001-001。)							
	□ Credit Card Online Payment 信用咭網上繳費 (Please settle the payment by using merchant code '9983'. 請以商戶編號「9983」繳費。)							
□ PPS By Internet 網上繳費靈 (Login your PPS account through website: www.ppshk.com and enter '9983' at 'Search by Merchant Code' in 'Add Bill' page and settle the payment by following the instructions. Please keep the payment details for record. 請於繳費靈網頁 www.ppshk.com 登入,在「登記賬單」頁的「以商戶編號搜尋」一欄輸入「9983」,然後按指示完成付款程序。請保存繳費資料以作紀錄。)								
□ PPS By Phone 電話繳費靈 (Please open a PPS account and register the bill by calling 18011 if you have not. Dial 18031 to pay the bill and enter '9983' as merchant code. Please keep the payment reference number for record. 請先開立繳費靈戶□及致電 18013 登記此賬單,致電 18033 繳付賬單並輸入商戶編號「9983」,請保存付款編號以作紀錄。)								
DECLARATION 聲明								
I confirm that the above information is true and correct. I also understand that Six Sigma Institute (SSI) reserves the right to reject the registration in any circumstances and for whatever reasons. 本人確認以上提供的資料均屬真實及無誤。本人明白六式碼學會(本會)擁有在任何情況下及以任何原因拒絕有關登記的權利。								
11/	イヤンシカロハングトの子目(不自力を行止は)	3.114亿十次公正1.3公园115元日间五日						
	Applicant's Signature 申記		L Date 日期	-				
- PP. COLL O CIGNATO TELEFORM				_ 				
Foi	Office Use Only 只供學會使用							
Application evaluated by 評核申請人: Report ref. 報告編號:								
Decision 申請決定: □ Accept 接納 □ Reject 拒絕 Reason 原因:								
Sia	Signature 簽署: Date 日期:							