



Diploma in Orthodontics (Hong Kong Institute of Orthodontics) Application Form

Personal Information

Last name	
First name	
Postal address	
Phone number	
Email address	

Previous Higher-education (Please include photocopy of certificates)

Institute 1

Name of Institution		
Title of Programme		
Date of Attendance	Start date	
	End date	

Institute 2

Name of Institution		
Title of Programme		
Date of Attendance	Start date	
	End date	

Institute 3

Name of Institution		
Title of Programme		
Date of Attendance	Start date	
	End date	

Current employment status

Employer	
Address	
Position held	
Date of employment	

Referee Details

Name	
Institution/Company	
Position	
Phone number	
Address	
Email	
Signature	

Declaration

I confirm that all information provided in my application to the Diploma in Orthodontics is correct. I understand that my my application may be cancelled if my application is found to contain false or misleading information or material omissions.

I understand and agree with the above.

Signature: _____

Date: _____