

ERB Service Centre
Membership Registration Form

Membership No. : (21) _____
(To be completed by Centre's staff)

(I) Personal Particulars

Name : _____ Sex : Male Female
 HKID Card No. : _____ Date of Birth : ____ (Month) ____ (Year)
 Nationality : _____ Enrolled on ERB courses before : Yes No
 Education : No formal education Primary (Year____) Secondary (Year____)
 Diploma to sub-degree Other (Pls specify: _____)
 Residing in Hong Kong for less than 7 years : Yes No

Free membership

Contact Information

Telephone No. (Home) : _____ (Mobile) : _____ Email : _____
 Residential Address : _____
 Residential District (Please put a "✓" in the appropriate boxes) :

Region	Hong Kong	Kowloon	New Territories	Outlying Island
District	<input type="checkbox"/> Central and Western <input type="checkbox"/> Wanchai <input type="checkbox"/> Eastern <input type="checkbox"/> Southern	<input type="checkbox"/> Yau Tsim Mong <input type="checkbox"/> Kowloon City <input type="checkbox"/> Kwun Tong <input type="checkbox"/> Wong Tai Sin <input type="checkbox"/> Sham Shui Po	<input type="checkbox"/> Tsuen Wan & Kwai Tsing <input type="checkbox"/> Sai Kung <input type="checkbox"/> Shatin <input type="checkbox"/> Tai Po <input type="checkbox"/> North NT <input type="checkbox"/> Tuen Mun <input type="checkbox"/> Yuen Long	<input type="checkbox"/> Cheung Chau <input type="checkbox"/> Lantau Island <input type="checkbox"/> Other Islands <input type="checkbox"/> Other location outside Hong Kong (Pls specify: _____)

(II) Employment Status

Current Employment Status (Please put a "✓" in the appropriate boxes) :

<input type="checkbox"/> Unemployed/Non Engaged/Study	<input type="checkbox"/> Full-time employed	<input type="checkbox"/> Part-time employed	<input type="checkbox"/> Self employed
	Industry : _____ Position : _____		

(III) Others

- How do you know our service? Training Bodies Friends and relatives Website Social Media
 ERB Newsletter Media/Advertisement Government Departments Promotional Leaflet/Posters
 School /College Street counters Others , please specify : _____
- Please select the preferred means to receive the following information:
 A. Centre Newsletter: Email In Person
 B. Service information on the Centre and ERB: Email SMS
- Please select the service(s) that you are most interested in (can choose more than one):
 Training and job seeking information Self-learning facilities and resources
 Self-help job corner Workshops/Seminars/Group activities
 Industry exhibition and recruitment activities Training Consultancy Service
 Join the volunteer team Others, please specify: _____

(IV) Declaration

- I have read and agree to abide to the "Regulations for Users of ERB Service Centre". I declare that all information given in this form is correct and complete. I also understand that members must comply with the eligibility on the education attainment. Any person who to his/her knowledge supplies false information may be disqualified from the eligibility of the Member. The ERB reserves the right to report the cases to the Government law enforcement department(s) for investigation and to take further legal actions;
- I have read and understand the clauses regarding collection, use and provision of personal data under the "Notes to Applicants as Member of ERB Service Centre", and agree to the use of my personal data by the ERB Service Centre for sending me Relevant Information of the ERB Service Centre and the ERB.

Signature of applicant: _____ Date: _____

===== **To be completed by Centre's staff** =====

I have verified the following documents of the applicant: HKID Card (name of applicant checked) Proof of eligible Hong Kong Employee
 Processed by : _____ Date : _____
 Old members of RC : Yes No Membership No. : _____ Remarks : _____
 Training & Career Needs Test Mock Interview System