

Group Visit Application Form

團體參觀申請表

Name of Organization / Institution 參觀團體 / 機構名稱：

Address of Organization / Institution 參觀團體 / 機構地址：

Contact Person 聯絡人 : _____ Position 職銜 : _____
Phone 聯絡電話 : _____ Fax 傳真 : _____
Email 電郵 : _____

Type of visitors 參觀者類別

- Student 學生 (Faculty 學系 : _____)
 Professional Group 專業組別 (Profession 專業 : _____)
 Others 其他 : _____

Language 語言: Cantonese 廣東話 English 英語 Putonghua 普通話

No. of Visitors 參觀人數#: _____ Date of Visit 參觀日期#: _____

Visiting Time 參觀時間#：

Afternoon Session 下午時段: 14:30 – 17:00

Other Time Slot 其他時段: _____

Duration of each visit is around 1.5 hours. 每次參觀時間約 **1 小時 30 分鐘**

I wish to receive the latest news and training programme information from SPHC/JCHH in the future. 我希望將來能夠收到來自 善寧會/賽馬會善寧之家的資訊和課程資料

Remarks (Areas of Interest /Special Requests) 備註 (特別興趣/要求)：

APPLICATION DETAILS 申請參觀事項:

1. For group visits, a fee of \$80 per person will be charged.
申請參觀團體需先預繳導賞費用，每名參觀人士\$80
2. For groups of fewer than 10 people, a basic fee of \$800 will still be charged.
若每團參觀人數未足 10 人，仍需繳交基本導賞費用\$800
3. Application form must be submitted two weeks prior to the planned visit date.
申請參觀表格必須於擬定參觀日期兩星期前呈交
4. Completed application form may be submitted by fax (2336 2776), email (cherryng@hospicecare.org.hk) or post (No. 18 A Kung Kok Shan Road, Shatin, NT).
請填妥申請表格並傳真至 2336 2776 或電郵至 cherryng@hospicecare.org.hk 或郵寄至沙田亞公角山路 18 號 賽馬會善寧之家
5. Submitted application will be confirmed within one week.
本院職員收妥申請表格後，會於一星期內確實申請
6. Full payment should be settled one week in advance
導賞行政費用須於參觀日期前一星期繳付
7. Rescheduling or cancellation of visit must be requested at least three days in advance. No refund will be issued for cancellation of visit.
如需要更改參加日期或取消，請於參加日期前三個工作天內與我們聯絡。所繳費用，不設退款
8. For enquiries 查詢電話 : 2331 7033

Name of Applicant 申請人姓名 : _____ **Position 申請人職銜:** _____

Organization Chop 機構蓋印 : _____ **Date 日期:** _____