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| **Student’s Information:** |
| Name of student: (English) | | | | (Chinese) | | |
| HKID No.: | | Student ID: | | | | Department:  Information Technology |
| Programme Code: | | | Campus: | | | Year of Study/ Class: |
| Programme Title: | | |
| Contact telephone number: | | | E-mail Address: | | | |
| **IVE IA Supervisor:** | | | | | | |
| Name: | | | | | Post : | |
| Phone No.: | | | | | Email: | |
| **Medical Information:**  *List any medical conditions or disabilities which could affect choice of work attachment placement:* | | | | | | |
| Allergies: | | | | Prescription drugs: | | |
| Physical limitations: | | | | Other: | | |
| **Emergency Contact Information:** *In the case of any emergency regarding the student, please contact* | | | | | | |
| Name: | | | | Home Tel: | | |
| Relationship to Students: | | | | Mobile Tel: | | |
| Place of Work: | | | | Work Tel: | | |
| Doctor: | | | | Tel: | | |
| **Signed Acknowledgements:** | | | | | | |
| *I have completed all information accurately and completely to the best of my knowledge.* | | | | | | |
| Date:  2015/3/27 | | | | | Student’s Signature: | |