

Continuing Professional Education Limited

P	ho	to
_	1	

Passport size
Write your name,
telephone no. at the
back of photo

Return the form to: <u>biminfo@cpegrouphk.com</u>

FOR OFFICE USE				
Application No.				
-				

Application for CITF BIM Course

Construction Innovation and Technology Fund (CITF) Pre-approved training course

Course Humer				
Course Code:				
PERSONAL PARTICULARS				
Name in Chinese:		Name in English:		
Mobile:		HKID Card Number:		
Correspondence Address:				
E-mail Address:				
ACADEMIC QUALIFICATIONS: (in chronological order)				
Name of Institution & Country	Title & Cl	assification of Award	Full-time/Part-time	Year of Award
PROFESSIONAL QUALIFICATIONS: (in chronological order)				
	1	C A I		

PROFESSIONAL QUALIFICATIONS: (in chronological order)			
Awarding Institution	Title of Award (please state type of membership)	Year of Award	

EMPLOYMENT AND WORK EXPERIENCE: (in chronological order)					
From	То	Full-time/	Name of Organization	Position	Job Duties
(mm/yy)	(mm/yy)	Part-time			

PRIOR AUTOCAD AND/OR BIM AND/OR RELATED TRAINING		
1		
2		
3		

REMARK:

- (a) I understand that all information provided will be used in admission process, the data will also become part of my student record and may be used for all purpose relating to studies in accordance with the procedures of the Training Centre.
- (b) I agree the Training Centre to keep me informed of any new courses and seminar activities through the provided personal contact details.
- (c) Cheque Payee Name: Continuing Professional Education Limited
- (d) English Language software shall be used for the course unless otherwise stated.
- (e) Our Training Centre reserves the right to make any changes on the course contents, timetables and fees without special notification.

Applicant's Signature	Date	e
· · · · · · · · · · · · · · · · · · ·		

@Jun2025