



Chinese Medicine Industry Council of Australia Ltd

澳大利亚中药行业联合会

ABN 83 140 585 342

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附件 - 中药配剂师 / 个人会员申请表格

Supplementary Application Form for Dispensers / Associates

个人信息 / Personal Information

姓名/Full Name (英文/in English)		中文名 Name in Chinese	
性别 / Gender		出生日期 Date of Birth	
自评英语程度 (打钩) English skills (please Tick)	No English / 不懂 <input type="checkbox"/> Limited / 有限 <input type="checkbox"/>	Functional / 基本 <input type="checkbox"/> Competent / 流利 <input type="checkbox"/>	Fluent/非常流利 <input type="checkbox"/>
申请类别 Apply for (tick)	<input type="checkbox"/> 中药配剂师 Chinese herbal dispenser <input type="checkbox"/> 个人会员 Associates		
是否已经政府注册 AHPRA Registered	<input type="checkbox"/> 是, 注册号码 Yes, my registration No: <input type="checkbox"/> 没有, not yet.		
最高相关学历 Highest Relevant Educational Background			
相关工作履历 Relevant Work Experience			
是否接受过相关学徒 培训, 如有, 请给出 详细信息, 如师傅姓 名、背景、从业经验 等 Any experiences receiving coaching and mentoring, if yes, please give details of mentors and years of experience			

本人谨此声明上述填写的资料属实, 准确。

I declare that the information I filled in this form are true and accurate.

Name in Print: _____ Signature: _____ Dated: _____