



Chinese Medicine Industry Council of Australia Ltd

ACN 140 585 342

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附件 - 中药配药师 / 个人注册表格

Supplementary Form for Dispensers / Associates Registration

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"/>
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: _____