



香港品質學會
Hong Kong Society for Quality
 Limited by Guarantee

Founding member of Asian Network for Quality (ANQ)
 Founding member of World Alliance of Chinese Quality (WACQ)

Application for
Certified Laboratory Quality Specialist (CLabQS) /
Provisional Laboratory Quality Specialist (Provisional LabQS)
 (Valid until 30 June 2021)

Personal Particulars

Only individual members (student members excluded) of HKSQ are eligible to apply.

Dr./Mr./Mrs./Ms: _____ (in Chinese): _____
 (Family name in block letter, other name)

HKSQ Membership Number: _____ or HKSQ membership application form attached
 (the appropriate box above)

Telephone (Office): _____ (Cellular): _____ (Home): _____

Fax Number: _____ Email: _____

Address: _____

I wish to apply for (the appropriate box below):

Certified Laboratory Quality Specialist or Provisional Laboratory Quality Specialist

The qualification listed below is used to support my application (A.1, A.2 or A.3) and
 a copy of the certificate or academic transcript is attached:

A.1 I have successfully completed the following course accredited by HKSQ as listed on
<http://www.hksq.org/acourselist.htm> :

Institution	
Course	
Grade Awarded	(Please attach a copy of the certificate or academic transcript for verification.)
Date (dd/mm/yyyy)	

A.2 I am a Provisional Laboratory Quality Specialist (Provisional LabQS) in good standing, and
 my Certificate Number is _____.

Application Fee when **A.1** or **A.2** is selected:

A crossed cheque No. _____ of HKD300 (payable to "The Hong Kong
 Society for Quality Limited") is attached.

Fee can also be deposited into HKSQ Hang Seng Bank account 786-035329-886.



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Send the bank advice together with the application form to HKSQ by Post or email to hksq1986@gmail.com

Fee paid will not be refunded when the application is unsuccessful.

A.3 I have attended the Certificate Course in Quality Management for Laboratory organized by Hong Kong Society for Quality and obtained the certificate dated _____ (not more than 5 years prior to the day of this application).

The application fee will be waived when **A.3** is selected.

B. Work experience (in reverse chronological order, i.e., list the most recent job first) – required information for CLabQS applications

Organization	Job Title/Position	Period

Applicant's Signature: _____ **Date:** _____

Click www.hksq.org/cert_hksq_clabqs.htm for requirements of CLabQS and Provisional LabQS registration.

Mailing address of HKSQ: Hong Kong Society for Quality, P.O. Box 84375, Hunghom Bay Post Office, Kowloon.

For Office Use Only	
Received on: _____	
Application Evaluated by: _____	Date: _____
Decision: <input type="checkbox"/> APPROVE / <input type="checkbox"/> REJECT Reason: _____	
Certificate No.: _____ (for approved application only)	
Signature: _____	Date: _____