

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 Six Sigma Green Belt (CSSGB)

(Valid till 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 | e in block letter, other name) | |
| HKSQ Membership Number: | | HKSQ membership application form attached |
| | (\checkmark the appropriate box | above) |
| Telephone (Office): | (Cellular): | (Home): |
| Fax Number: | Email: _ | |
| Address: | | |
| | | |

I wish to use the following qualification(s) to apply for Certified Six Sigma Green Belt (\checkmark either A or B)

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

| Institution | |
|-------------------|--|
| Course | |
| | |
| Grade Awarded | |
| | (Note: Please attach a copy of the certificate / transcript for verification.) |
| Date (dd/mm/yyyy) | |
| | (The certificate must be awarded within the last 2 years on the day of this application) |

Application Fee: 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 786-035329-883. Send the bank advice together with application form to HKSQ by Post or email to https://www.hksq1986@gmail.com

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

B. 🗌 I have attended the Six Sigma Green Belt Training Course organized by Hong Kong



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Society for Quality and obtained the certificate on _____ (dd/mm/yyyy, a date that is within Two years on the day of this application).

Please attach a copy of your certificate.

The application fee will be waived when option **B** is selected.

Work experience (in reverse chronological order, i.e., list the most recent job first)

| Organization | Job Title/Position | Period |
|--------------|--------------------|--------|
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |

Applicant's Signature: _____

Date: _____

Click <u>http://www.hksq.org/cert_hksq_ssgb.htm</u> for requirements of Certified SSGB (HKSQ) 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: APPROVE Reaso | on: | |
| Certificate No.:(for approve | ed application only) | |
| Signature: | Date: | |