

Youth Leadership Training Project 2017
Green Myanmar Eco-Adventure Study Trip

6-10 August 2017

Enrolment Form

Affix recent photo here

Please fill in English and Block Letters
STUDENT DETAILS

Name _____ Sex M/F (Please circle)
Surname _____ Given Name _____

Name in Chinese _____ HKID Number _____ 按一下這裡以輸入文字。

Date of Birth ____ (dd) ____ (mm) ____ (yyyy) Place of Birth _____ Nationality _____

School / College/ University _____ Class/Year _____

Tel No _____ Email Address _____

Address _____

TRAVEL DOCUMENT (The passport would be effective at least six months before expiry by Aug 2014)

HKSAR BNO DI Others (Please Specify):

Document No _____ Expiry Date ____ (dd) ____ (mm) ____ (yy)

EXTRA-CURRICULAR ACTIVITIES

Extra-Curricular Activities

Year/ Duration	Organisation	Position/Achievements
這裡輸入文字。	這裡輸入文字。	這裡輸入文字。
這裡輸入文字。	這裡輸入文字。	這裡輸入文字。
這裡輸入文字。	這裡輸入文字。	這裡輸入文字。

Community Services

Year /Duration	Event & organisation	Position/Achievements
這裡輸入文字。	這裡輸入文字。	這裡輸入文字。
這裡輸入文字。	這裡輸入文字。	這裡輸入文字。
這裡輸入文字。	這裡輸入文字。	這裡輸入文字。

Skill (e.g., sports , music, arts, etc.)

Area of Skill	Prize / Award Received	Level of Achievement			
這裡輸入文字。	這裡輸入文字。	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Skilled	<input type="checkbox"/> Average
這裡輸入文字。	這裡輸入文字。	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Skilled	<input type="checkbox"/> Average
這裡輸入文字。	這裡輸入文字。	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Skilled	<input type="checkbox"/> Average

Exchange Experience

Year/ Duration	Destination	Theme (if applicable)
這裡輸入文字。	這裡輸入文字。	這裡輸入文字。
這裡輸入文字。	這裡輸入文字。	這裡輸入文字。
這裡輸入文字。	這裡輸入文字。	這裡輸入文字。

MEDICAL, DIETARY AND ALLERGIES INFORMATION

1. Do you have any medical conditions? NO YES

If yes, please specify:

2. Special dietary: Vegetarian Other, please specify: _____

3. Do you have any allergies? NO YES

If yes, please specify:

4. Please state if you are currently suffering from any illnesses, eg diabetes, asthma, etc.

EMERGENCY CONTACT DETAILS:

Emergency contact person in HONG KONG:

Name _____ Relationship _____

Address _____

Tel: Daytime _____ Night time _____ Mobile _____

REMARKS

Others information:

EXPECTATION OF THE EVENT (IN ENGLISH)

DECLARATION

- I declare that the details given above are correct and I understand that any misrepresentation of facts would lead to disqualification of the application. I am physically and mentally fit for the programme. I will commit and contribute my best throughout the programme.
- I give the organiser permission to verify information in the nomination and its attachments as well as permission to use the information as appropriate for publicity purposes.

Signature of applicant:

Date:

IMPORTANT REMARKS

We respect personal data and are committed to fully implementing and complying with the data protection principles and all relevant provisions of the Personal Data (Privacy) Ordinance in Hong Kong. All the personal data and information provided by applicants in this application form will be used solely for selection purposes and programme promotion. All data will be kept strictly confidential. All data shall be deleted upon the completion of the activity.

The HKFYG reserves the final decision to accept the application or not. No refund will be made to the accepted applicants.