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Staff : _____ Date : _____

Member of VTC Group
VTC 機構成員

Vocational Development Programme
Funded by ERB Youth Training Programme

Vocational Development Programme
Application Form

Please read fully the course introduction before filling in the form. Please complete the form in ENGLISH and in BLOCK LETTERS with black or blue ball pen.

Please indicate your choice by ✓ : Teen's Programme Ethnic Minority Project

Please be alerted that you can only take one choice.

Part 1: Personal Particulars

Full Name in English

Surname Gender M - Male
Other Name F - Female

(The name entered should correspond with that on your HK Identity Card/ Passport.)

Name in Chinese Nationality Duration of Residence in HK yr

HKID Card/ Passport No. Date of Birth

DD	MM	YYYY

 Age

(Applicant should meet the entrances requirement on age on the application date)

Address for Correspondence

Residential Phone No. Mobile Phone No.

Other Contact No. (if applicable) Email Address

Name of School & Phone No. (if applicable) Phone No. : Last attending School Date

Level of Education Below F.1 F.1 F.2 F.3 F.4
 F.5 F.6 Diploma/Higher Diploma/ Sub-Degree

Spoken Language at home: _____ Second Language: _____

Date of Completion / Highest academic qualification received on: _____ (Date) _____ (Month) _____ (Year)

Project Participated Youth Work Experience And Training Scheme Youth Pre-employment Training Programme Usual Academy New Taster Programme Teen's Programme
 Modern Apprenticeship Ethnic Minority Project LET'S Walk - Life Engagement Training Service

Other, pls. remarks :

Work Experience (including full time and part time) Last Working Date

If you have a disability, please mark "Y" in the box below and give details. Please attach related supporting document.

Part 2 : Declaration (To be completed by the applicant)

I _____ (Name of Applicant) declare that I understand and accept the following items: (please tick the appropriate boxes)

- I have read and fully understand the content, requirements and progression route of the Programme, and accept all the rules and regulations of Vocational Development Programme Office(VDPO). No allowance will be granted if having insufficient attendance rate caused by absent from the class, late arrival, early leave or self withdrawn.
- I understand that training allowance granted will affect the amount of CSSA and further enquiry should refer to the Social Security Field Unit, Social Welfare Department.
- I authorize the VTC to use my personal information, such as name, phone number, mobile number, email address, correspondence address, education level etc., to process my application for admission to the course. I have the right to request for accessing to and correction of the personal data supplied in my application in accordance with Sections 18 and 22 of the Personal Data (Privacy) Ordinance, (Chapter 486 of the Laws of Hong Kong). I understand that all information provided will be disposed for unsuccessful application.
- I **AGREE/DISAGREE** (**delete as appropriate) to authorize the use my personal information for marketing activities in relation to any programmes, admission, events of VTC and its member institutes. I understand that I have the right to unsubscribe from receiving such information in accordance with the Personal Data (Privacy) (Amendment) Ordinance (2012) by calling VDPO.
- I understand that I can only apply for any one scheme amongst Teen's Programme and Ethnic Minority Project. I also understand that I will not be allowed to re-take any one scheme or re-apply any allowance once being enrolled to a intake after September 2008.
- I declare that I am not engaged with any full-time course and job, and all the information given in this application is, to best of my knowledge, accurate and complete. I also understand that provision of any false or misleading information therein shall lead to **DISQUALIFICATION** of application without notice and cancellation of any resulting registration. ***I understand that any omission /misrepresentation of information with a view to obtaining pecuniary advantage by deception is an offence and is liable to legal proceedings.***
- I understand that if I violate any rules or regulations and/or commit any misconduct, I should be suspended of class until meeting all requirements.
- I understand that the certificate of completion issued by Vocational Training Council (VTC) will only be granted for students of Teen's Programme or Ethnic Minority Project with 80% or more attendance; and the certificate of completion issued by ERB will also be granted for those aged 15-20.
- I understand that the college reserves the right in using or publicizing all photos, videos, assignments and all related materials for promotion or educational uses.
- I understand that VDPO may update the content above from time to time and hence should refer to the latest announcement for updated definition.

Signature of Applicant : _____ Date : _____

For Office Use Staff : _____ Date : _____

Part 3 : Particulars and Consent of Parent/ Guardian(*Applicant under 18 should get the consent from Parent/ Guardian)

Full Name

Relationship with Applicant

Contact Phone No. (Daytime)

Mobile Phone No.

1. I declare that I am the parent / guardian of applicant. I agree the applicant to apply for the above training course. I have read and fully understood the contents requirements and progression routes. I understand that captioned office will contact me and the referral if the applicant has any misbehavior, early leave, late arrival or absent during the course.
2. I understand that applicant will NOT be granted for allowance if the attendance rate is less than 80%.
3. I understand that applying the captioned course might affect the amount of subsidy given by Comprehensive Social Security Assistance (e.g. School Fee and Lunch Allowance), I and the applicant should approach the Social Security Field Unit for further enquiry.
4. I declare that the applicant is not engaged with any full-time course and job, and all the information given in this application is, to best of his/her knowledge, accurate and complete. I also understand that provision of any false or misleading information therein shall lead to **DISQUALIFICATION** of application without notice and cancellation of any resulting registration. ***I understand that any omission /misrepresentation of information with a view to obtaining pecuniary advantage by deception is an offence and is liable to legal proceedings.***

Signature of Parent/ Guardian : _____

Date : _____

Part 4 : Particular and Consent of the Referral (*Social Worker/ Teacher/ Staff of Education Bureau Non-attendance Cases Team)

**All the following parts should be filled in if the applicant is receiving service from the captioned referral*

Full Name	<input type="text"/>	Mr. / Mrs. / Miss (Please delete as appropriate)
Organization and Unit Name	<input type="text"/>	
Organization Address	<input type="text"/>	
Pls. indicate the school name if the referral is school social worker.	<input type="text"/>	
Contact No. (Organization)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MON / TUE / WED / THU / FRI
Contact No. (School)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MON / TUE / WED / THU / FRI
Mobile Phone No. / Other Contact No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Organization/ School Chop
Fax No. (Required Information)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
The additional responsible staff for the applicant (when the referral is on leave or work outside.)	<input type="text"/>	Contact No. <input type="text"/>

Required Information should be filled by the applicant :

Reason(s) for leaving / absent from school:
No. of days for leaving / absent from school :
Other Additional Information :

- I declare that I am the referral (*Social Worker/ Teacher/ Staff of Education Bureau Non-attendance Cases Team) of applicant. I agree the applicant to apply for the above training course. I understand that captioned office will contact me and the referral if the applicant has any misbehavior, early leave, late arrival or absent during the course.
- I agree to keep close contact with Student Counselor / Inspector of Apprentices of Vocational Development Programme Office and give assistance in handling the case. (Remarks : The referral should have regular contact with and home visit to the applicant.)
- I have read and fully understood the content, requirements and progression route.
- I understand that applying the captioned course might affect the amount of subsidy given by Comprehensive Social Security Assistance (e.g. School Fee and Lunch Allowance) and hence, I have fully explained to concerned parties, including the applicant, his/her parent, the worker of the Social Security Field Unit.
- I declare that the applicant is not engaged with any full-time course and job, and all the information given in this application is, to the best of his/her knowledge, accurate and complete. I also understand that provision of any false or misleading information therein shall lead to **DISQUALIFICATION** of application without notice and cancellation of any resulting registration. ***I understand that any omission /misrepresentation of information with a view to obtaining pecuniary advantage by deception is an offence and is liable to legal proceedings.***

Signature of the referral : _____

Date : _____

* Please delete as appropriate

Ethnic Minority Project (EMP)

Part 5: Course Choice

Please indicate your priority by marking 1, 2, 3 and so on, under the course priority column. (1- the highest priority, 4- lowest priority)

Course Name#	Commencement Date	Course Priority
● Business and Office Operations	<i>To be commenced subject to the number of applicants</i>	
● Coffee Shop Operations		
● Electronic & Computer Network Installation		
● Vehicle and Motorcycle Servicing		

#Remarks

1. Our Office reserves the right to change the course venue, date and time, and cancel the class due to insufficient enrolment.
2. All campuses / centres reserve the right to cancel any course, to revise the course content or to change the offering campus(es) of the courses before class commencement if so required.
3. Students will be prohibited to proceed to the workshop or classroom practice unless they fulfill all the course requirements.

Part 6: Personal Information of Applicants / Trainees

1. The personal data of applicants/trainees are collected and kept for purposes of :
 - (i) course application vetting, course admission, disbursement of allowance, disbursement of scholarship, job matching service, placement and retention follow-up, accreditation of courses, arrangement of practical skills assessment, verification of placement record and opinion survey, etc;
 - (ii) transferring to Employees Retraining Board, Labour Welfare Bureau, relevant government departments and/or their commissioned research consultants and agencies for the purposes as stated in (i); and
 - (iii) providing direct marketing information in relation to any programmes, admission and events of VTC and its member institutes e.g. the Youth College, IVE etc.
2. Supply of personal data is voluntary. However, failure to provide correct and complete personal data may result in applications being considered incomplete and thus unsuccessful.
3. Applicants/trainees or their authorized representatives are allowed to access to and/or obtain a copy of their personal data and/or to correct the personal data should the record be incorrect. The VDPO may collect a fee from applicants for copy of their personal data.
4. Applicants/trainees have rights of access to their personal data/update their personal data/unsubscribe from receiving marketing information. Applicants/trainees may contact VDPO for enquiry and request.

Part 7: Contact

Tel.no.: 3719 6513 (until end of May 2014) / 3519 1808 / 5244 5662
Fax no.: 2274 7928 (until end of May 2014) / 2630 9012
E- mail: ydp@vtc.edu.hk
Website: <http://www.yc.edu.hk/vdp>
Address : Vocational Development Programme Office, IVDC (Mei Foo), No. 23 Broadway, Stage One, Mei Foo Sun Chuen, Kowloon (until end of May 2014)
OR Room G13, IVDC(Ma On Shan), Area 92, Yiu On Estate, Ma On Shan, Sha Tin, N.T.