



循道衛理楊震社會服務處  
YANG MEMORIAL METHODIST SOCIAL SERVICE

## 青年護理服務啟航計劃

### Application for Admission

### 計劃申請表

<職員專用>For office use only

編號：

收費：

## I. PERSONAL PARTICULARS 個人資料

\*Please print as on HKID Card. 請參照香港身份證填寫

Surname 姓 (英文)：\_\_\_\_\_

Other Names 名 (英文)：\_\_\_\_\_

Chinese Name 中文姓名：\_\_\_\_\_

HKID No. 香港身份證號碼：\_\_\_\_\_

Date of Birth (dd/mm/yy)：\_\_\_\_\_

Gender 性別：\_\_\_\_\_ (M 男/F 女)

出生日期(日/月/年)

Telephone 聯絡電話：\_\_\_\_\_

(Mobile 手機)

(Home 住宅)

Email Address 電郵地址：\_\_\_\_\_

Correspondence Address 通訊地址：\_\_\_\_\_

☐ Hong Kong 香港

☐ Kowloon 九龍

☐ New Territories 新界

## II. QUALIFICATIONS AND WORK EXPERIENCE 學歷及工作經驗

Copies of proof for relevant qualifications and work experience have to be attached.

請附上有關學歷、專業資格及工作經驗的證明文件副本。

### Academic Qualifications 學歷 (in chronological order 按先後次序排列)

Examination/ Awarding Institution 考試/ 頒授機構	Subject/ Academic Qualification 學科/ 學歷	Result/ Grade 成績/ 等級	Date of Award 頒授日期 (mm/yy)

### Voluntary Work Experience 義工經驗 (in chronological order 按先後次序排列)

Name of Company 機構名稱	Position 職位	Date 日期 (mm/yy)

### Professional Qualifications 專業資格 (in chronological order 按先後次序排列)

Awarding Institution 頒授機構	Professional Qualifications 專業資格	Means of Attaining 獲取方法	Year Conferred 頒授年份

**Work Experience 工作經驗 (in chronological order 按先後次序排列)**

Name of Company 機構名稱	Position 職位	Full time/ Part time 全職/兼職	Date 日期	
			From 由 (mm/yy)	To 至 (mm/yy)

**III. SPECIAL EDUCATIONAL NEEDS 特別學習需要 (此部份自願填寫而不會影響申請結果)**

I am diagnosed with the following special educational needs 本人有以下特別學習需要:

- ☐ Autism/Asperger syndrome 自閉症/亞氏保加症 ☐ Dyslexia 讀寫障礙 ☐ Visual Impairment 視障  
☐ Hearing impairment 聽障 ☐ AD/HD 過度活躍/專注力不足 ☐ Physically Handicapped 肢體傷殘  
☐ Others 其他 \_\_\_\_\_

Correspondingly, I would like to apply for the following special arrangements 擬申請以下特別安排:

**IV. DECLARATION 聲明****Personal Data Collection Statement 收集個人資料聲明**

- The personal information collected in this application form will be used by the Project for:
    - Processing a candidate's application and will become part of his/her student record upon successful admission to the program;
    - Sharing with appropriate parties and personnel for administration, communication and other related purpose; and
    - The promotion of, including but not limited to, the courses and programmes, activities, awards.
  - Under the provision of the Personal Data (Privacy) Ordinance, applicants have rights to request for personal data access or correction. Requests can be made in writing via email [ns@yang.org.hk](mailto:ns@yang.org.hk). The Agency may charge a fee to cover the administrative cost.
  - For unsuccessful applications, all documents submitted together with the application form will be destroyed.
  - Photos and videos taken within the Project will be used in any way for the Project purpose, and for future promotion of the Project.
- 此申請表所填報的資料將被用作計劃處理以下各項:
    - 申請人之入學申請, 有關資料將於申請人被取錄後保存為學生個人檔案之一部份;
    - 提供予有關單位及人員, 作行政、傳訊及其他相關之用途; 及
    - 與本處有關之推廣, 包括但不限於課程、活動、獎項、其他服務。
  - 根據個人資料(私隱)條例, 申請人有權查閱及更改個人資料。如有需要, 可透過電郵: [ns@yang.org.hk](mailto:ns@yang.org.hk) 向本處提出。本處有權就你的查閱資料要求, 徵收合理的行政費用。
  - 如申請未被接納, 所有提交的文件包括申請表格將會被銷毀。
  - 計劃活動中所拍攝的照片及影片會於日後用作計劃介紹及宣傳用途。

**Applicant's Declaration 申請人聲明**

- The information given in support of this application is accurate and complete. I am aware the agency reserves the right to cancel the application at any time if the information given in this application is found untrue.
  - I understand that the submitted application form and supporting documents are not returnable.
  - I have noted, understood and agreed to the contents of the Personal Data Collection Statement.
- 申請表內之資料皆屬實, 本人明白若發現任何刻意隱瞞之事實, 機構將保留取消申請之權利。
  - 本人明白所遞交之表格及有關證明文件將不予退還。
  - 本人已細閱、明白並同意「收集個人資料聲明」的內容。

\_\_\_\_\_  
Signature of Applicant 申請人簽署

\_\_\_\_\_  
Date 日期

**報名及查詢:** 傳真至 26027115 或電郵至 [ns@yang.org.hk](mailto:ns@yang.org.hk) 循道衛理楊震社會服務處 沙田青少年綜合發展中心,  
電話: 2609 1855 / 6239 5584, 地址: 新界沙田愉翠苑服務設施大樓二樓。