

Application Form for Admission to Diploma in Vocational Education (DVE) Programme Business Stream (2014 Entry)

For Post-secondary 3 Non-Chinese Speaking Students
Offered At Youth College (Yeo Chei Man)



Member of VTC Group
VTC 機構成員

- Applicants must have completed Secondary 3 education or currently a Secondary 3 Student
- Please complete the form in BLOCK LETTERS with black ball pen
- Completed form, together with the academic results of your current studies or the highest qualifications of the previous studies should return to YC(Yeo Chei Man)
Address: Room G01, 11 To Lok Road, Tseung Kwan O, N.T. Tel. No: 3443 9333 Fax No.: 2174 9322
- Applicants may be invited to attend an interview

Section 1: Personal Particulars of Applicant

Full Name in English (should correspond with that on your HKID Card/Passport): _____

Name in Chinese (if applicable): _____ HKID Card No. or Passport No: _____ Date of Birth (dd/mm/yyyy): _____

Non-local Applicant: Yes Nationality: _____

(refer to those applicants entering Hong Kong for the purpose of education with a student visa/entry permit issued by the Director of Immigration)

Correspondence Address (in English):

Flat _____ Floor _____ Block/Bldg _____ Estate/Court _____

Street _____ District _____ Area* HK/ KLN/ NT (*delete where inappropriate)

Residential Tel. No.: _____ Mobile Phone No.: _____ E-mail Address: _____

Section 2: Highest Academic Qualifications Attained

Name of Present/Most Recently Attended School: _____ Non-Local Qualifications: Yes

Study From: _____ (Year) _____ (Month) To _____ (Year) _____ (Month) Study Level: Form _____ to Form _____

Additional information relevant to your application: _____

Section 3: Source of Knowing the Programme

From which of the following source you know about the Programme? Please put a "√" in the appropriate boxes (You may select more than one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Advertisement in Newspaper | <input type="checkbox"/> VTC / Youth College Websites | <input type="checkbox"/> School teachers / Social workers |
| <input type="checkbox"/> Outdoor advertisement | <input type="checkbox"/> VTC Information Station | <input type="checkbox"/> Relatives / Friends |
| <input type="checkbox"/> Online advertisement | <input type="checkbox"/> VTC's School Talk | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Online forums | <input type="checkbox"/> Other school talk or exhibition | |

Section 4: Declaration

- I declare that the information given in this application is, to the best of my knowledge, accurate and complete. I understand that this information will be used in the admissions process of the courses offered by Vocational Training Council (VTC). I understand that provision of any false, misleading or the willful withholding of material information therein shall lead to DISQUALIFICATION of my application without notice and cancellation of any resultant registration, and any fees paid will NOT be refunded.
- I authorize VTC to obtain, and the relevant authorities (which include the Hong Kong Examinations and Assessment Authority, VTC, etc.) to release, any and all information about my results of any public examinations and my studies in institutions in Hong Kong and elsewhere.
- I understand that, upon my registration in a course in VTC, the data contained in this application form will become part of my student record and may be used for all purposes relating to my study in VTC. VTC may also use my application data for statistical purposes.

Applicant's Signature: _____ Date: _____

- If you have a disability, please put a "√" in the box and provide details to facilitate the arrangement of interview
(Please attach photocopy of documents regarding your disabilities)

(For more information about the admissions procedures for applicants with a disability, please visit <http://www.vtc.edu.hk/yc/disabled09.html> or send a fax to 2729 1585)

Section 5: Parent or Guardian Declaration (for applicants under 18)

I am the parent or guardian of the applicant and I agree to him/her to apply for the Diploma in Vocational Education Programme

Name of Parent/Guardian: _____ Relationship with the Applicant: _____ Mobile/Contact Telephone No.: _____

Signature of Parent/Guardian: _____ Date: _____