Hong Kong Joint Council for People with Disabilities /

The Hong Kong Council of Social Service

**APPLICATION FORM FOR SELF-FINANCED APPLICANT**

This form should be completed and returned to the Hong Kong Joint Council for People with Disabilities, 12/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

***In compliance with the Personal Data (Privacy) Ordinance, all personal details would be kept in strict confidence.***

1. **I would like to join Joint Council’s delegation and participate as a self-financed member in:**

|  |
| --- |
| (Please specify the event) |

2. **Name**: *(as appeared in your travelling document)*

|  |  |  |  |
| --- | --- | --- | --- |
| \*Prof/Dr/Mr/Mrs/Ms |  |  |  |
|  | (Surname) | (Other name) | (Name in Chinese, if any) |

*\* Please delete wherever inappropriate*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. | **Organization**: | |  | |
|  | **Department / Working Unit**: | | |  |
|  | **Position**: |  | | |

|  |  |  |
| --- | --- | --- |
| 4. | **Mailing Address**: |  |
|  |  |  |
|  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tel**: | (Office) |  | **Fax**: |  |
|  | (Mobile) |  | **E-mail**: |  |

5. **Age**:  18 - 20  21 - 40  41 - 60  Over 60

6. **Education**:

Post-graduate  Degree  Associate degree /Diploma  Secondary  Others

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**PART I: TO BE COMPLETED BY APPLICANT (PLEASE TYPE)**

7. **Working Experience in Rehabilitation / Social Welfare Field. If you are not a paid staff of any organization, please give voluntary work experience in Rehabilitation / Social Welfare field**:

*(Starting with present or most recent employment/voluntary work experience)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization | Field of Service\* | Position Held | Duration of Service \*\* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\* If your work / voluntary experience is in the field of rehabilitation, please specify the type of service.*

*\*\* If you have less than 5 years work / voluntary experience, please specify the length by months. The reference day for calculation is the commencement day of this event.*

1. **If you are a person with disabilities, please complete the follow section:**

a. Please specify the type of disability:

|  |
| --- |
|  |

1. Please specify if you require any assistance:

*(e.g. wheelchair / mobility access, sign language communication, need for accompanying etc.)*

|  |
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|  |

9. **Statement by Applicant:**

***I hereby declare that all information given in this form is true and complete to the best of my knowledge. I accept that this information will be used in the selection process and that any misrepresentation with disqualify my application. I authorize Hong Kong Joint Council for People with Disabilities / Hong Kong Council of Social Service to use my data for statistical and research purposes. I understand that I will have to take up the responsibilities as required if I am selected to join the delegation organized by Hong Kong Joint Council for People with Disabilities / Hong Kong Council of Social Service.***

|  |  |
| --- | --- |
| Signature of Applicant: |  |
| Date: |  |