Hong Kong Joint Council for People with Disabilities /

Hong Kong Council of Social Service

**SUBSIDY APPLICATION FORM**

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.***

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

1. **I would like to apply for subsidy to attend the event of:**

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

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

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

*\* Please delete wherever inappropriate.*

|  |  |  |
| --- | --- | --- |
| 3. | **Sponsoring Organization**: |  |
|  |  |  |
|  | **Working Unit:** |        | **Position:** |  |
|  |  |  |

If you are from self-help organization, please specify:

 □ Member of Board of Directors Position:

 □ Member of Sub-committee Position:

 Name of Subcommittee:

4. **Mailing Address**:

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

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

1. **Education**:

 [ ]  Post-graduate [ ]  Degree [ ]  Associate Degree / Diploma [ ]  Secondary [ ]  Others

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

1. **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.*

8. **Participation in Overseas Conference and Study Visit subsidized by the Joint Council / HKCSS in current calendar year, if any**:

|  |  |  |
| --- | --- | --- |
| Name of Conference/Study Visit | Place | Date |
|       |       |       |
|       |       |       |

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

|  |  |
| --- | --- |
| a. Please specify the type of disability:  |  |
|   |  |
|  |  |
| b. Please specify if you require any assistance: *(e.g. wheelchair / mobility access, sign language communication, need for accompanying etc.)* |
|  |       |

1. **Do you hold any official position in the event?**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes, please specify: |       | / [ ]  No |

11. **Are you accepted by the event organizer for paper presentation or invited as moderator?**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes, please specify: |       | / [ ]  No |

(Name of Paper / Session)

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

**12. What is the relevance of your service with the event?**

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**13**. **What do you expect to achieve through participating in the event?**

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**14**. **What do you think you can contribute to the event as a member of the Joint Council's delegation representing the Hong Kong rehabilitation sector?**

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**15.** **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 will 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: |  |

**PART II: TO BE COMPLETED BY SPONSORING ORGANZATION HEAD (PLEASE TYPE)**

1. **Reasons for Recommending the Applicant:**

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2. **If your Organization is recommending more than one staff / member, please indicate your priority for this Applicant:**

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| Signature: |       |
| Name: |       |
| Position: |       |
| Name of Organization: |       |
| Address: |       |
|  |  |
| Telephone: |       |
| E-mail: |       |
| Date: |       |