

Photo

已輸入資料

負責同事: _____

日期: _____

檔案編號: _____

Life Guiding Project
「Child development Fund」(Eighth Batch)
【Application Form】

Section 1: To be Completed by the Applicant (Please sign next to your amendment if any)

【Student Particulars】

Hong Kong Island

Kowloon City & Yau Tsim Mong

Name : _____ (Surname) _____ (Given Name) H.K Permanent Resident : Y N

Sex : M F Date of Birth[⊕] : _____ DD MM YY Age : _____ HKID : _____ ()

Address : _____

Housing Type : Private Home Ownership Public Cubicle Apartment Others : _____

Residential Telephone No : _____ Mobile Phone No : _____ Email : _____

School : _____ Grade[⊕] : _____ Facebook/IG : _____

Special Educational Needs : Autism Spectrum Attention-Deficit Hyperactivity Dyslexia Others

(Please Specify) : _____ No

Ethnic Minority : Y N Disability : Y : _____ N

Primary Language : Cantonese Mandarin English Others (Please Specify) : _____

Religion : Christian Catholic Islam Buddhist Taoism Others(Please Specify) : _____

Resident Status : Resided in H.K for 7 years or more New Arrivals in HK ,Immigration Date()

Did you join The Child Development Fund Programme before? : Yes* (which district? Please Specify : _____) No

**Previous participants from any batches are not qualified in joining latter batches.*

⊕ Children who are age between 10-16 OR currently a Primary 4 to Secondary 4 are eligible to participate .

【Family Members' /Guardian's Particulars and Socioeconomic Status】 #PLEASE INCLUDE ALL YOUR FAMILY MEMBERS

Name	Relationship	Sex	Age	Occupation	Contact No	Living in the same household	Monthly Income
	Father/Guardian	M				Y / N	
	Mother/Guardian	F				Y / N	
						Y / N	
						Y / N	
						Y / N	
						Y / N	
Total Monthly Household Income :							\$

Current Family Socioeconomic Status (**PLEASE CHOOSE ONLY ONE**)(Remark 1) :

- Recipient of Comprehensive Social Security Assistance (CSSA) ;OR
- Recipient of **FULL GRANTS** from student finance schemes administrated by the Student Financial Assistance Agency; OR
- Recipient of Working Family Allowance ; OR
- Household income is less than 75% of the Median Monthly Domestic Household Income. (Remark 2)

Remarks: 1. Please submit the most recent three months proof of income or documents (eg, Payroll) in the interview.
2. According to the Government policy, the applicant has to submit the most recent three months proof of income (eg, Payroll). Fail to provide proof of income, the individuals are **required** to seek administration of declarations or oath in Home Affairs Department.

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<p>To be Completed by the Applicant: 【Please briefly state the reason(s) or expectation(s) of joining this program】</p> <p>_____</p> <p>_____</p> <p>Please list out three of your hobbies/interests : _____ Career Ambition : _____</p> <p>【Targeted Savings】</p> <p>1. How much could your family afford per month : \$ _____ 2. Any expected difficulties during the saving period : _____</p> <p>_____</p> <p>3. How would you use the accumulated savings to fulfill the Personal Development Plan (PDP) in the third year ?</p> <p><input type="checkbox"/> Academic _____ <input type="checkbox"/> Skill/Interest _____ <input type="checkbox"/> Career _____</p> <p>【Mentorship Programme】 What are your expectation(s) towards your mentor? _____</p> <p>Remark: Please return the application form in or before_____. Qualified and suitable applicant will be invited to attend interview and informed within two months about the application result.</p>	<p>OFFICIAL USE ONLY</p> <p>學生參加活動動機： <input type="checkbox"/>低 <input type="checkbox"/>中 <input type="checkbox"/>高</p> <p>學生履行 PDP 動機： <input type="checkbox"/>低 <input type="checkbox"/>中 <input type="checkbox"/>高</p> <p>學生定期與友師接觸動機： <input type="checkbox"/>低 <input type="checkbox"/>中 <input type="checkbox"/>高</p> <p>家長參加活動動機： <input type="checkbox"/>低 <input type="checkbox"/>中 <input type="checkbox"/>高</p> <p>家長參加供款動機： <input type="checkbox"/>低 <input type="checkbox"/>中 <input type="checkbox"/>高</p> <p>備註：</p>
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【Use of Personal Data】

I ensure that the information provided above is accurate and will definitely inform Baptist Oi Kwan Social Service (BOKSS) of any corrections at once. All my provided personal data to BOKSS is on voluntary basis and will be submitted to Social Welfare Department for checking. However, if I do not provide sufficient personal data, the application will not be able to process. I understand that BOKSS may use the above personal data (name, telephone number, fax number, email, mailing addresses) photos and videos taken in activities for the purposes of handling application, issuing receipt, research, activities invitation/relates promotion as well as BOKSS feedback collection and related promotion purposes. BOKSS undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data are accurate and securely kept.

I (Student) agree to use of personal data above and sign : _____ Date : _____

I (Parent) agree to use of personal data above and sign : _____ Date : _____

Section 2 Official Use only

Result of application : Successful Unsuccessful Waiting list

Name of staff : _____ Signature : _____ Date : _____

Supervisor/Team Leader : _____ Signature : _____ Date : _____

Contact Person : Mr. Eric Yau

Address : Room 1501-1505, 15/F Lancashire Centre, 361 Shau Kei Wan Road, Shau Kei Wan, Hong Kong

Tel no : 3188-9004 | Fax no : 3188-9934 | E-mail : cdf@bokss.org.hk

Website : <http://www.bokss.org.hk> / <http://hkefdsc.bokss.org.hk>