**THE HONG KONG AWARD FOR YOUNG PEOPLE**

TO : Chief Executive Officer

The Hong Kong Award For Young People

Nos. 301-309, 3/F., Lai Kwai House

Lai Kok Estate, Cheung Sha Wan

KOWLOON

On behalf of the below named candidate, I hereby submit an application for upper age extension. Particulars of the candidate are as follows:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name: (English) | | |  | | | | | | | | | (Chinese) |  | | |
|  | | | | | | | | | | | | | | | | |
| 2. | Correspondence Address: | | | | | |  | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | |
| 3. | Telephone No: (Mobile) | | | | | |  | | | | | | (Residence) |  | | |
|  | | | | | | | | | | | | | | | | |
| 4. | Email Address: | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 5. | Date of Birth: | | |  | | | | | | | | (day/month/year) | | | | |
|  | | | | | | | | | | | | | | | | |
| 6. | Name of Operating Authority: | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 7. | Name of User Unit: | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 8. | Level of Entry: | | | \* Bronze / Silver / Gold | | | | | | (\* delete as appropriate) | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 9. | Date of first registration as participant: | | | | | | | |  | | | | | | | (day/month/year) |
|  | | | | | | | | | | | | | | | | |
| 10. | | Activities undertaken with dates: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Bronze Level | | | Month/year of Completion | | |  | | | | | | | | | | |
| Silver Level | | | Month/year of Completion | | |  | | | | | | | | | | |
|  | | | Date  Sections | | | Month/year of Commencement | | | | | Month/year of Completion | | | | Anticipated Month/year of Completion | |
| Gold Level | | | 1. Service | | |  | | | | |  | | | |  | |
|  | | | 1. Expeditions | | |  | | | | |  | | | |  | |
| 1. Skills | | |  | | | | |  | | | |  | |
| 1. Physical Recreation | | |  | | | | |  | | | |  | |
| 1. Residential Project | | |  | | | | |  | | | |  | |

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| --- | --- | --- | --- | --- |
| 11. | Period of Extension Requested: | |  | |
|  |  | (months) as from | |  |
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| 12. | Reasons for Upper Age Extension: | | | |
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| 12. | Recommendation from Operating Authority: | | | |
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| Signature of  OA Representative: |  |
| Name: |  |
| Date: |  |

N.B. This form should be submitted to the Award Office two months before the candidate’s 25th birthday with the candidate’s record book photocopies *(the first page and the completed Gold Level Sections*).