**The Hong Kong Award for Young People**

**Expeditions Section Panel**

**Expeditions Instructors Central Registration Scheme（CRS）**

**Note for Applicants**

1. **Registration Procedure**

All OAs are eligible to nominate their own Expeditions instructors to join the CRS. Registration Form of the CRS may be downloaded from the AYP website. Applicants should complete and return the Registration Form to be signed by the OA concerned, together with registration fee and supporting document/Record Form to the CRU Secretariat. The Registration Procedures normally take about 3 months. The tenure of registration is three calendar years. Upon expiry, those registered Expeditions Instructors may start to apply for re-registration six months before the expiry date. It should be noted that late application for re-registration for over six months after the expiry date would not be entertained.

1. **The Tenure of Registration**

Under normal circumstances, the tenure of registration will last for 3 calendar years. Re-registration is required upon the date of expiry.

1. **Registration Criteria**

**i) New Instructor Registration**

All AYP Expeditions Instructors Training Courses organized by OAs should be designed according to the “Guidelines on Training Expeditions Instructors/Assessors” as stated in the Award Handbook (Rules & Regulations). Course information must reach the CRU at least two months before the course commences if the OA concerned would like to have their newly appointed Expeditions instructors to be registered under the CRS. Upon completion of the course, the OA concerned may nominate their newly appointed instructors to join the CRS.

**ii) Re-Registration**

In order to be re-registered, those registered Expeditions instructors must have at least 30 hours of service in conducting Expeditions Training and attending Expeditions related self-enhancement training during the tenure of registration. However, they should have at least 10 hours of Expeditions service and 5 hours of self-enhancement training. The OA concerned needs to certify the service and self-enhancement training attendance record of their appointed Expeditions Instructors before nominating them to the CRU for re-registration.

|  |  |
| --- | --- |
| Remarks: | 1. Under normal circumstances, the service record of outdoor training is counted as follows: -

a) 4 hours for a half-day outdoor activityb) 8 hours for a whole day outdoor activity |
|  | 1. If the instructor registered more than 1 specialty, service records for all specialties are counted altogether.
 |
|  | 1. Self-enhancement training should be related to Expeditions Section. For enquiries, please call the CRU secretariat.
 |

**iii) Registration to a New Specialty**

Registered Expeditions instructors who wish to register to a new specialty are required to be trained according to the “Guidelines on Training Expeditions Instructors/Assessors” stated in the Award Handbook (Rules & Regulations). Upon completion of the training, the OA concerned may appoint them as Instructor of that specialty and nominate them to the CRU for registration.

**iv) Registration for Up-graded Instructors**

Registered Expeditions instructors who would like to upgrade their status as higher-level instructors, they must follow the “Guidelines on Training Expeditions Instructors/Assessors” stated in the Award Handbook (Rules & Regulations). Those up-graded Expeditions instructors are required to inform the CRU by completing the Registration Form. Up-grade for different specialties should be arranged separately.

**v) Registration Under Special Circumstances**

For application other than the above categories, CRU will consider it on a case-by-case basis.

1. **Registration Fee**

New Registration ： Free of charge

Re-Registration ： Free of charge

New Speciality Registration ： Free of charge

Up-grade Registration ： Free of charge

Re-issue of Registration ： HK$50

1. **Registration Proof**

All registered instructors will be informed by CRU & a proof with registration date will be issued.

1. **Appeal on Registration**

Instructors may appeal to Expeditions Section Panel against any registration result. Written letter must be submitted for making such appeal.

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| **For enquiries, please contact CRU Secretariat.（Tel：21578610 E-mail：award@ayp.org.hk）** |

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**Expeditions Instructor Central Registration Scheme（CRS）**

**Application Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **New Instructor Registration** |  | **Re-Registration** |  | **New Speciality Registration** |
|  |
|  | **Up-grade Registration** |  | **Registration Under Special Circumstances** |

|  |  |
| --- | --- |
| **【Personal Particulars】** |  |
| Name：（First Name） |  | （Family Name） |  |  |
| Date of Birth： |  | Sex： |  | HK ID Card No.： |  |  |
| Correspondence Address： |  |  |
|  |  |
| Telephone：(Res.) |  | （Off.） |  | (Mobile） |  |  |
| E-mail Address： |  |  |
| Operating Authority： |  |  |
| CRS Registration No.（if applicable）：  |  |  |  |
| Registered Level and Specialty： | \* Bronze / Silver / Gold | Level Expeditions (Hiking) Instructor |  |
|  | \* Bronze / Silver / Gold | Level Expeditions (Cycling) Instructor |  |
|  | \* Bronze / Silver / Gold | Level Expeditions (Canoeing) Instructor |  |
|  |  |
|  |
| **【New Instructor Registration】** |  |
| Code of Instructor Training Course： |  | Training Date： |  |  |
|  |  |  |
|  |
| **【Re-Registration】** |
| More than 10 hours of Expeditions services has been provided |  |
| during the tenure of registration： |  | YES |  | NO | (Around  |  | Hours) |
|  |
| More than 5 hours of Self advancement training has been  |  |
| attended during the tenure of registration： |  | YES |  | NO | (Around  |  | Hours) |
|  |
| The aggregate of Expeditions services and Self advancement  |  |
| training exceed 30 hours during the tenure of registration： |  | YES |  | NO |  |
|  |
|  |
| **【New Specialty Registration】** |  |
| Specialty： |  | Hiking |  | Cycling |  | Canoeing |  |
| Level： |  | Training Date： |  |  |
|  |  |
|  |
| **【Up-Grade Registration】** |  |
| Specialty： |  | Hiking |  | Cycling |  | Canoeing |  |
| Level： |  | Training Date： |  |  |
|  |  |
|  |
| **【Registration under Special Circumstances】** |
|  | Reason for Special Considerations： |  |  |
|  |  |  |
|  |
|  | Supplementary Trainings： |  | CRS Briefing | Date： |  |  |  |
|  |
|  |  | Attachment to Expeditions Training Course | Date： |  | （Around |  | Hours） |  |
|  |
|  |  | Other Trainings： |  | Date： |  | （Around |  | Hours） |  |
|  |

|  |
| --- |
| **【Service to Other OAs/UUs】** |
|  I am | □ |  willing to offer service to other OAs/UUs, CRU may disclose my contact to related OAs/UUs if |  |
|   |  |  necessary. |  |
|  |  |  Types of Courses: □ Courses are conducted in Cantonese □ Courses are conducted in English □ Courses for participants with special needs  |  |
|   | □ |  **NOT** willing to offer service to other OAs/UUs. |  |
|  |  |

|  |  |  |
| --- | --- | --- |
|  I hereby certify that the information provided above is true and correct. |  |  |
| Date： |  | Signature of Applicant： |  |
|  |

Remarks：

1. \* Please delete as inappropriate
2. Please send the completed Registration Form, **and supporting document / Record Form** to the CRU Secretariat (Nos. 301-307, 3/F., Lai Kwai House, Lai Kok Estate, Cheung Sha Wan, Kowloon. Fax will not be accepted.

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| Notice for Collection of Personal Data“The Hong Kong Award for Young People” will use the personal data collected for processing the specified applications or activities as stated in this form. We may also retain archived personal data for statistical, feedback collections, programme promotions, fund raisings and communication purposes. Should you require any enquiries and / or correction of your personal data, please call 2157 8600 to contact the Award Office.□ I do not wish to receive any updates of the Award |

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|  |
| --- |
| **To be completed by Operating Authority：** |
| I hereby certify that（Name of Instructor） |  |  |
| is appointed as an Expeditions Instructor of |  | Operating Authority. The  |
| information provided above is true and correct and I recommend him/her to be registered under CRS as follows:- |
|  | \* Bronze / Silver / Gold | Level Expeditions (Hiking) Instructor |
|  | \* Bronze / Silver / Gold | Level Expeditions (Cycling) Instructor |
|  | \* Bronze / Silver / Gold | Level Expeditions (Canoeing) Instructor |
| OA Chop： |  | Signature of OA Representative： |  |  |
| Name of OA Representative： |  |  |
| Date： |  |  |
|  |

|  |
| --- |
| **To be completed by CRU：**  |
| Receive Date： |  | Receipt No.： |  |  |
|  |
| Registration Accepted： |  | Yes | Registration No.： |  |  |
|  | Registered Level and Speciality： |  |
|  | \* Bronze / Silver / Gold | Level Expeditions (Hiking) Instructor |  |
|  | \* Bronze / Silver / Gold | Level Expeditions (Cycling) Instructor |  |
|  | \* Bronze / Silver / Gold | Level Expeditions (Canoeing) Instructor |  |
|  | Registration Period： | From |  |  |
|  |  | To |  |  |
|  |  | No | Reason： |  |  |
| Signature of CRU Representative： |  |  |
| Name of CRU Representative： |  |  |
| Date： |  |  |
|  |

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**Expeditions Section Panel**

**Expeditions Instructor Central Registration Scheme（CRS）**

**Service Record Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Instructor： |  | CRS No. ： |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training Course** | **Organization** | **Date** | **Service****（Hrs）** | **Name of****Organization Rep.** | **Tel. of****Organization** | **Signature of** **Organization Rep.** | **Chop of****Organization** |
|  |  |  (yy) (mm) (dd)to (yy) (mm) (dd) |  |  |  |  |  |
|  |  |  (yy) (mm) (dd)to (yy) (mm) (dd) |  |  |  |  |  |
|  |  |  (yy) (mm) (dd)to (yy) (mm) (dd) |  |  |  |  |  |
|  |  |  (yy) (mm) (dd)to (yy) (mm) (dd) |  |  |  |  |  |

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**Expeditions Instructor Central Registration Scheme（CRS）**

**Self-enhancement Training Record Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Instructor： |  | CRS No. ： |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training Course / Talks / Seminar** | **Organization** | **Date** | **Service****（Hrs）** | **Name of****Organization Rep.** | **Tel. of****Organization** | **Signature of** **Organization Rep.** | **Chop of****Organization** |
|  |  |  (yy) (mm) (dd)to (yy) (mm) (dd) |  |  |  |  |  |
|  |  |  (yy) (mm) (dd)to (yy) (mm) (dd) |  |  |  |  |  |
|  |  |  (yy) (mm) (dd)to (yy) (mm) (dd) |  |  |  |  |  |
|  |  |  (yy) (mm) (dd)to (yy) (mm) (dd) |  |  |  |  |  |