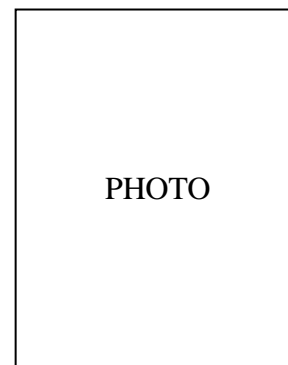香港青年獎勵計劃
THE HONG KONG AWARD FOR YOUNG PEOPLE

The Hong Kong Award for Young People (AYP)

Silver Level Adventurous Journey Instructor

Training Course 2023 (English-Speaking)

Application Form

PHOTO

Please fill in the form in BLOCK LETTERS

## A. PERSONAL INFORMATION

| Name | (Last)　　　　　　　　　　　(First)　　(Middle) | Gender | |
|---|---|---|---|
| Date of Birth (dd/mm/yyyy) | | Age | |
| Address | | | |
| Mobile Number | | Office Number | |
| Email Address | | | |
| User Unit (If applicable) | | | |
| **Emergency Contact** | | Name | |
| Relationship | | Mobile Number | |

## B. RELATED ADVENTUROUS JOURNEY EXPERIENCE

| AYP/ DoE Awardee (If applicable) | | |
|---|---|---|
| Year of receiving AYP/ DoE Award | Bronze | |
| | Silver | |
| | Gold | |
| Experience(s)/ Qualification(s) related to hiking and adventurous journey activities (If any)* | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

*Please provide copies of relevant certificate(s) or proof of qualification(s)*

**C. REMARKS**

1. Please submit the application form on or <u>**before 27<sup>th</sup> September 2023**</u> **(Wednesday)** together with
   (I) Course Fee: **HKD 2000** in cash or cheque;
   (II) Copies of relevant certificate(s) or proof of qualification(s), if any.

2. All information provided will be used for the course only

| Contact | Miss Zoe Ng | Phone Number | 2157 8610 | Email | zoeng@ayp.org.hk |
|---|---|---|---|---|---|

| DISCLAIMER |
|---|
| I hereby declare that the information given in this application form and the submitted documents are correct and true to the best of my knowledge.<br><br>In additions, I have read carefully about the recruitment circular, including course outline, schedule and details. I understand that I must attend **ALL** lectures, workshops, outdoor practices, outdoor assessment camp, placement for completing the course. I also understand that if I am unable to attend a certain session due to special reasons, I must submit a written notice (detailed reasons) to the chief instructor of the course for approval in the first class. I clearly understand that if I fail to meet the requirements, I may not be allowed to continue the activity. |

| Date | | Signature | |
|---|---|---|---|