

**The Hong Kong Award for Young People**  
**Dr. Irene Tang AYP International Exchange Programme Fund**  
**Application Form for Individual Applicants**

Before you submit the Form, please check the followings:

- ≤ Have you read “Application Guidelines” before completion of this Form?
- ≤ Have you completed ALL necessary sections in this Form?  
 (For AYP participants, please complete Sections A, B, C, F, G, H, I)  
 (For AYP volunteers, please complete Sections A, D, E, F, G, H, I)
- ≤ Have you attached copy of your AYP Record Book (only the pages of candidate’s particulars), the programme information, schedule, a copy of your application form to the organizer of the applied exchange programme and other relevant information with this Form?

This form should be submitted to the Award Office, Nos. 301-309, 3/F., Lai Kwai House, Lai Kok Estate, Cheung Sha Wan, Kowloon.

**Section A – Personal Particulars**

Name:	(English)	(Chinese)
Address:	(English)	<i>(Attach Recent Photo Here)</i>
	(Chinese)	
Sex:	M / F	
Age:		
Date of Birth:	(yyyy/mm/dd)	
Contact Number:	(Home)	(Mobile)
Email:		
Occupation:		
Education Attainment:		
Financial Need:	x financially underprivileged (please put a “x”) (If applicable) Please attach with this form <b>the supporting documents</b> . (For example, Certificate of Comprehensive Social Security Assistance (CSSA) Recipients issued by Social Welfare Department or School Textbook Assistance / The Tertiary Student Finance Scheme – Publicly-funded Programmes (TSFS) notification letter issued by Student Financial Assistance Agency.)	

**Section B – Award Bibliography** for AYP Participants ONLY

Name of OA/UU:			
Starting Level (Bronze/ Silver/ Gold):			
Record Book Issued Date:	(yyyy/mm/dd)		
Award Progress (Please fill in the activity content and the starting date and completion date for each Section)			
Level	<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>
Section	<i>Activity /Starting Date/ Completion Date</i>		
Service	Activity:	Activity:	Activity:
	Started: Completed:	Started: Completed:	Started: Completed:
Skills	Activity:	Activity:	Activity:
	Started: Completed:	Started: Completed:	Started: Completed:
Expeditions	Activity:	Activity:	Activity:
	Started: Completed:	Started: Completed:	Started: Completed:
Physical Recreation	Activity:	Activity:	Activity:
	Started: Completed:	Started: Completed:	Started: Completed:
Residential Project			Activity:
			Started: Finished:
Year of Award Attained:			

**Section C – Other Exchange Experience** for AYP Participants ONLY

Date	Organizer	Programme Name	Brief Description

**Section D – Award Scheme Involvement** **for AYP Volunteers ONLY**

AYP Awards Attained:	χ Bronze Award	(Year: )
	χ Silver Award	(Year: )
	χ Gold Award	(Year: )
Certificates of Appreciation/Recognition:	χ 3 years	(Year: )
	χ 7 years	(Year: )
	χ 10 years	(Year: )
Long Service Badges of Recognition:	χ 20 years	(Year: )
	χ 30 years	(Year: )
	χ 40 years	(Year: )

Services to the Award Scheme:	Date	Capacity / Title	Service Unit

**Section E – Exchange/Overseas Training Experiences** **for AYP Volunteers ONLY**

Date	Organizer	Programme Name	Brief Description

## Section F – International Exchange / Overseas Training Programme Information

Name of Organizer(s):		
Contact Person of the Organizer(s):	Mr. / Ms. / Mrs.	
Contact Number of the Organizer(s):	(Mobile)	(Office)
Programme Name:		
Programme Aim:	(Please attach separate sheets if the space is not enough.)	
Programme Website: (If any)		
Programme Destination:	(City) in	(Country)
Programme Duration:	(yyyy/mm/dd)	to (yyyy/mm/dd)
Number of Participants:	(Hong Kong)	(Local)
	(Total)	
AYP Activity to be Completed by This Programme	* Service / Skills / Expeditions / Physical Recreation / Residential Project	
Programme Content & Schedule: (Please attach separate sheets if the space is not enough.)		
Programme Fee:	HK\$	
Amount of fee to be applied from Dr. Irene Tang AYP International Exchange Programme Fund:	HK\$	

\* Please delete as inappropriate

**Section G – Self Recommendation (To be filled in by Applicant)**

*My reasons for participating in the above-mentioned programme and applying for the Dr. Irene Tang AYP International Exchange Programme Fund.*

**Section H – Recommendation (To be filled in by Operating Authority/User Unit/Recognized AYP groups)**

Name:	(English)	(Chinese)
Position:		
Contact Number:	(Mobile)	(Office)
Recommendation:		
Signature: _____ OA/UU/Recognized AYP Group Chop: _____		
Date: _____		

## Section I – Declaration

I declare that all information given above is true and correct according to my knowledge. I understand that I will be liable to refund The Hong Kong Award for Young People the full amount awarded or any amount decided by the Operations Committee if I am found to have given false information in the above application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name

**Guidance Notes:**

1. The information provided will be used only for the processing the application of "Dr. Irene Tang AYP International Exchange Programme Fund" purposes. It may be disclosed to staff in handling of such matters.
2. Applicants have the right to request access to or correction of personal data provided in this form in accordance with the provision of the Personal Data (Privacy) Ordinance. Such requests may be made in writing to the officers designated for handling data access/correction requests.
3. Enquiries concerning the personal data collected by means of this form including the making of access and correction should be addressed to:  
The Hong Kong Award for Young People  
Nos. 301-309, 3/F, Lai Kwai House, Lai Kok Estate,  
Cheung Sha Wan, Kowloon.  
Telephone No.: 2157 8610

**For Award Office Use Only**

Date Received:

Amount applied for: HK\$

Amount granted: HK\$

Remarks: