

香港女童軍總會

THE HONG KONG GIRL GUIDES ASSOCIATION

女童軍國際活動申請表(女童軍及深資女童軍適用)

Application to Attend an International Event (For Guides and Rangers)

請以中/英文正楷填寫

Please complete in Chinese / English (block letters)

活動名稱

Name of Event: _____

主辦團體 / 國家

日期

Host Association / Country: _____ Date of Event: _____

PART I

一. 個人情況

(A) PERSONAL PARTICULARS

姓

Surname: _____
(英文 In English) (中文 In Chinese)

名

Given Name: _____
(英文 In English) (中文 In Chinese)

年齡

出生日期

出生地點

Age: _____ Date of Birth: _____ Place of Birth: _____

國籍

身份證號碼

Nationality: _____ Identity Card No. : _____

隊號

女童軍年資

Unit No.: _____ Years of Service: _____

(深資女童軍: 女童軍年資亦計算在內 For Rangers: Guides period is included)

地域

區

分區

Region: _____ Division: _____ District: _____

電郵地址

聯絡電話

E-mail address: _____ Tel. No. : _____

英文住址

Home Address (In English): _____

職業

(如屬學生, 請註『學生』)

Occupation: _____ (If studying, please state 'Student')

學校名稱

就讀班級

Name of school: _____ Class: _____

僱主或其他(非學生)

Employer or others: _____

相片
Photo

二. 過往女童軍紀錄

(B) PAST GUIDING RECORD

組別 a) SECTIONS	隊別 PACK / COMPANY / UNIT	職位 RANK	由 FROM 月 MTH 年 YR – 至 TO 月 MTH 年 YR
小女童軍 Brownie Guide			
女童軍 Girl Guide			
深資女童軍 Ranger Guide			
其他 Others			

女童軍露營紀錄 (包括國際露營)

Guide Camp Record (Including International Camps) :

	日期 Date	地點 Venue	營內職務 Rank in Camp
渡假營 (宿營) Holiday (Residential)	_____	_____	_____
露營 Camping (Under Canvas)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

已考獲女童軍興趣或服務章/興趣證書

Guide Interest / Service Badges or Certificate Gained:

- | | |
|---|---|
| <input type="checkbox"/> 結繩章 Knotter | <input type="checkbox"/> 露營章 Camper |
| <input type="checkbox"/> 原野生活章 Backwoodsman | <input type="checkbox"/> 戶外烹飪章 Outdoor Cook |
| <input type="checkbox"/> 結繩與先鋒證書 Knot and Pioneer | <input type="checkbox"/> 營藝證書 Camp Craft |

其他興趣或服務章/興趣證書 Other badges or certificates:

三. 宗教信仰

(C) DENOMINATION

宗教

Religion: _____

須特別遵守之教條

Special Religious Obligation: _____

(如膳食之限制 e.g. Dietary restriction etc)

四. 旅遊證件**(D) TRAVELLING DOCUMENTS**

本人持有以下之旅遊證件 I am the bearer of the following travel documents

- BNO 英國國民(海外)護照
簽發日期 Issued Date: _____ 編號 No: _____
有效期至 Valid Until: _____
- SAR Passport 香港特別行政區護照
簽發日期 Issued Date: _____ 編號 No: _____
有效期至 Valid Until: _____
- Other Passport 其他地區護照/旅遊證件
國家 Country: _____ 編號 No: _____
簽發日期 Issued Date: _____ 有效期至 Valid Until: _____

五. 特別安排 (請如實作答)**(E) SPECIAL ARRANGEMENT**

特別飲食要求 Special dietary requirements :	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 素食 Vegetarian
		<input type="checkbox"/> 食物敏感 Food Allergy (請填寫食物 Please indicate name of food)
藥物敏感 drug allergy :		
如需定時食藥，請註明 Treatments/medication :		
其他特別需要 Other requests :		

六. 緊急聯絡人**(F) Emergency Contact Person**

姓名 _____ 與申請人關係 _____
Name: _____ Relationship to Applicant: _____
地址 _____
Address: _____
聯絡電話 _____ (日間) _____ (晚間)
Contact Tel No: _____ (Date Time) _____ (Night Time)

七. 嗜好 / 興趣 (例如: 民族舞、歌唱、編織)

(G) HOBBIES / INTERESTS (e.g : national dance, singing, knitting etc)

是項至為重要, 因選拔代表團成員可能以本項為根據。

This section is very important. Selection (if any) for the contingent membership may depend on it.

嗜好 / 興趣 Hobbies / Interest	訓練課程之持續期 及所取得之證書 Duration of Courses & Certificates obtained, etc(If any)	曾否作公開之表演? Have you ever performed to an audience ?	有公開表演之信心? Are you confident to perform?

八. 語言能力

(H) LANGUAGE PROFICIENCY

請填寫: 優、良好、普通

Please fill in: Very Good, Good, Fair

	廣東話 Cantonese	普通話 Mandarin	英文 English	其他 Other
聽 / 講 Listen / Speak				
書寫 Write				
閱讀 Read				

九. 費用

(I) EXPENSES (請於適當方格內加 ✓, 可多於一項 please ✓ at the appropriate box)

- 本人能負擔全部費用, 而本人之家長 / 監護人亦已同意此項決定。
I can bear the full expenses and this is understood by my parents / guardian.
- 本人希望申請總會的資助, 本人之家長 / 監護人亦已同意此項決定。
I would like to apply grant and this is understood by my parents/guardian
(請參閱本表格第十一項「資助申請」Please refer to Item K “application of grant”.)
- 本人若不能成功申請總會資助, 仍會全費參與活動, 而本人之家長 / 監護人亦已同意此項決定。If the application for the grant is failed, I still can bear the full expenses and this is understood by my parents / guardian.

申請人簽署

Signature of Applicant: _____

家長 / 監護人

Signature of Parent / Guardian: _____

十. 聲明

(J) DECLARATION

申請人 Applicant

本人已詳閱以上各項資料，茲證明上述所填寫各項之內容均屬真確，又清楚明瞭本人須負擔與此活動所有／部份開支。

I have read and certify that all the above Sections are true and correct. I understand that I may have to bear all / part of the travel and other expenses in connection with the event.

下列適用於年滿二十一歲申請人

The following is applicable to those who are above 21 years of age

本人明瞭及同意，作為香港代表團之成員，出席上述活動時（即離家至抵家期間）一切風險由本人負責，即使遭遇意外或患病（無論在旅途或日後病發），本人願意保證貴會職員均無須負上任何責任或作出賠償。

I understand and agree that I attend the aforesaid event at my own risk and that your Association and its officers and servants are to be free and clear of all responsibilities whatsoever for any accident or illness which may occur to me while I am the leader / a member of the Hong Kong Contingent, from the time of departure from home until return to home and any injury and / or illness resulting from any accident occurring or illness contracted during the trip (whether the said illness manifests itself during or after the said trip), and I agree to and do indemnify your Association's officers and servants from and against all damages, claims or demands whatsoever in respect thereof.

假如發生意外或患病，本人願意授權香港代表團之負責領袖或負責人在當時作出任何她／他／他們認為適當的行動或決定，並同意作出決定的領袖及香港女童軍總會無須因本人受傷或生病而負擔任何費用。

In case of accident or illness, I authorize the Guider(s) or other person(s) responsible for the Hong Kong Contingent at the time to take whatever action as he / she /they think(s) fit and I agree to ratify whatever action taken or decision made by the Guider(s) or other person(s) responsible for the Hong Kong Contingent at the time, and I further agree to indemnify such person and the Hong Kong Girl Guides Association against any expenses incurred by reason of any such accident occurring to me or sickness contracted by me whatsoever.

本人亦同意是次活動的負責領袖／總監可以使用本人的個人資料，用於上述活動的住宿、膳食及活動安排和緊急聯絡之用。本人亦知悉於活動期間將會拍攝活動照片／花絮，並授權香港女童軍總會可以任何所需形式（包括電視和電子媒體）使用涉及本人的錄影帶、照片、影片及聲帶作為推廣女童軍運動之用。

I agree the Guider-in-charge or Commissioner(s) to use my personal data for the purposes of arranging accommodation, meals, programme and in case of emergency. I hereby grant permission to the Hong Kong Girl Guides Association (HKGGA), host organization of the event and its representatives to have photograph taken and for any media that features me (photos, videos, quotes, etc.) during the event. I further grant the Hong Kong Girl Guides Association (HKGGA) and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed for promoting, publicizing or explaining the Hong Kong Girl Guides Association (HKGGA) and its activities and for administrative, educational or research purposes.

申請人簽署

Signature of Applicant: _____

日期

Date: _____

家長 / 監護人 Parent / Guardian**二十一歲之下的申請人須取得家長 / 監護人證明書****If under 21 years of age, parent / guardian must certify.**

茲證明本人曾詳閱上述各項資料，證實真確無誤，並允許申請人參加該項活動。

I have read and certify that Sections A, B, C, D, E, F, G, H & I are true and correct, and I hereby give my approval for the applicant to attend the event.

本人明白及同意申請人以香港代表團成員身份出席上述活動時（即離家至抵家期間），一切風險由自己負責，即使遭遇意外或患病（無論在旅途中或日後病發）。本人願意保證貴會職員，無須負上任何責任，或作出賠償。

I understand and agree that my daughter (ward) attends the aforesaid event at her own risk and that your Association and its officers and servants are to be free and clear of all responsibilities whatsoever for any accident or illness which may occur to her while she is a member of the Hong Kong Contingent, from the time of departure from home until return to home and injury and / or illness resulting from any accident occurring or illness contracted during the trip (whether the said illness manifests itself during or after the said trip) and I agree to and do indemnify your Association's officers and servants from and against all damages, claims of demands whatsoever in respect thereof.

假如發生意外或患病，本人授權香港代表團的負責領袖或負責人在當時作出他／她們認為最適當的行動或決定，並同意作出決定領袖及香港女童軍總會無須因申請人受傷或生病而負擔任何費用。

In case of accident or illness, I authorize the Guider(s) or other person(s) responsible for the Hong Kong Contingent at the time to take whatever action as he / she / they think(s) fit and I agree to ratify whatever action taken or decision made by the Guider(s) or other person(s) responsible for the Hong Kong Contingent at the time and I further agree to indemnify such person and the Hong Kong Girl Guides Association against any expenses incurred by reason of any such accident or sickness whatsoever befalling my daughter (ward).

本人亦同意是次活動的負責領袖／總監可以使用申請人及緊急聯絡人的個人資料，用於上述活動的住宿、膳食及活動安排和緊急聯絡之用。本人亦知悉於活動期間將會拍攝活動照片／花絮，並授權香港女童軍總會以任何所需形式（包括電視和電子媒體）使用涉及申請人的錄影帶、照片、影片及聲帶作為推廣女童軍運動之用。

I agree the Guider-in-charge or Commissioner(s) to use the personal data of the applicant and its emergency contact person for the purposes of arranging accommodation, meals, programme and in case of emergency. I also hereby grant permission to the Hong Kong Girl Guides Association (HKGGA), host organization of the event and its representatives to have the applicant photograph taken and for any media that features the applicant (photos, videos, quotes, etc.) during the event. I further grant the Hong Kong Girl Guides Association (HKGGA) and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed for promoting, publicizing or explaining the Hong Kong Girl Guides Association (HKGGA) and its activities and for administrative, educational or research purposes.

家長 / 監護人

見證人

Parent / Guardian : _____
(簽署 Signature)

Witnessed by : _____
(簽署 Signature)

姓名

姓名

Name : _____
(正楷 Block Letter)

Name : _____
(正楷 Block Letter)

與申請人關係

Relationship to Applicant: _____

十一. 負責領袖

(K) UNIT GUIDER

茲證明本人曾詳閱以上資料，並證實真確無誤。

I have read and certify that information is true and correct.

本人對申請人意見

Also I have the following comment on the Applicant:

姓名
Name : _____
(正楷 Block letter)

簽署
Signature : _____
(正楷 Block letter)

隊號 / 職位
Unit No / Position: _____

日期
Date : _____

十二. 資助申請

(L) APPLICATION OF GRANT

有經濟困難的會員如希望參加國際活動，可向總會申請資助。

Financial support is available to the underprivileged members wishing to attend international events.

Applicant Name: _____ Unit No.: _____
 申請者必須填寫「收集個人資料聲明」（聲明可於總會網頁下載）

申請資格 Criteria of Application

1. 年齡 23 歲或以下之女童軍會員 girl member under the age of 23;
2. 經常規程序選拔之參加者 applicante selected through the normal procedure;
3. 會員若曾於過去 3 年內申請經濟資助參與國際交流活動，則不可再申請資助參與同一地區舉辦的交流活動。If applicant who have full or half subsidy for international exchanges, cannot apply for subsidy again for joining exchanges in the same region within 3 years;
4. 申請人的家庭正領取「綜合社會保障援助」或獲「學生資助計劃津貼」* Applicant's family under the "Comprehensive Social Security Assistance Scheme" or "Student Financial Assistance Schemes" 或 OR
5. 申請人的家庭並非正領取「綜合社會保障援助」或獲「學生資助計劃津貼」**，但希望申請總會的資助，參加者的過去 12 個月平均家庭每月入息是：_____，希望申請團費的_____ % 資助。(以上資料只作參考用途) Applicant's family is not under the "Comprehensive Social Security Assistance Scheme" or "Student Financial Assistance Schemes", but member wishes to apply funding from the Association and this is understood by my parents/guardian Member's household average income of last 12 months is _____, and wishes to apply _____ % subsidy from the Association. (The information provided for reference only)

資助額 Percentage of the Grant

* 申請人的資助額是根據申請人的家庭所領取「綜合社會保障援助」或獲「學生資助計劃津貼」的資助幅度而決定資助的百分比；申請人需經面試及遴選，成功申請者將會個別通知。The percentage of the grant will be based on the applicant family's level of assistance from the "Comprehensive Social Security Assistance Scheme" or "Student Financial Assistance Schemes". Applicant needs to attend the interview and successful applicants will be contacted individually.

** 申請人的資助額是根據申請人的家庭每月入息以及表現，再由遴選委員會決定，申請人需經面試及遴選，成功申請者將會個別通知。如有需要，申請人需出示家庭每月入息証明。The percentage of the grant will be based on the candidate's monthly household income and performance to decide. Applicant needs to attend the interview and successful applicants will be contacted individually. Candidate should be able to provide proof of her household income, if asked.

申請方法 Procedure of Application

- 如申請人的家庭正領取「綜合社會保障援助」或接受「學生資助計劃津貼」，請將下列推薦表格交所屬之學校或公開機構，並於校長或機構負責人簽署及蓋章後，交回總會。If applicant's family is under the "Comprehensive Social Security Assistance Scheme" or under the "Student Financial Assistance Schemes", she should pass on the recommendation form below to her respective school or sponsoring authority for the signature of the principle or responsible person. The completed form should then be submitted to the Association.

推薦申請人申請資助（由學校或機構填寫）

RECOMMENDATION FOR APPLICANT TO APPLY GRANT (TO BE FILLED IN BY SCHOOL OR SPONSORING AUTHORITY)

根據申請人申報及提供的資料，本校/機構推薦申請及確信：

According to the information from the applicant, this school/sponsoring authority shall recommend the application and believe that:

(請於適當方格內加 ✓ please ✓ at the appropriate box)

- the family of the applicant is under the “Comprehensive Social Security Assistance Scheme”
申請人的家庭正領取「綜合社會保障援助」
- the family of the applicant is under the “Student Financial Assistance Schemes-Full Grant”
申請人的家庭正接受「全額學生資助計劃津貼」
- the family of the applicant is under the “Student Financial Assistance Schemes-Half Grant”
申請人的家庭正接受「半額學生資助計劃津貼」

校長/機構負責人

Principle / Responsible Person of Sponsoring Authority:

姓名

Name: _____

簽署

Signature: _____

日期

Date: _____



學校/機構蓋印

Stamp of School/Sponsoring Authority

學校/機構名稱

Name of School/Sponsoring Authority: _____

學校/機構地址

Address of School/Sponsoring Authority: _____

聯絡電話

Telephone No.: _____

傳真號碼

Fax No.: _____

Note 註

A : By signing this form, you have authorized the Association to use your above personal data and information for Application of International Event, Membership Registration, correspondence, record and other related purposes.

申請人提供的資料將只用於處理女童軍國際活動申請之會員登記及有關的事宜。

B : You have the right to request access to or correction of personal data provided on this form in accordance with the provisions of the Personal Data (privacy) Ordinance. Such request may be made in writing to the officers designated for handing data access / correction requests.

申請人有權按照《個人資料私隱條例》所規定，要求查閱或改正填報於本表格內的個人資料。此等要求可以書面送交專責處理查閱/修改資料的人員。