

香港特别行政区暑期实务训练计划申请书
Application Form for the Vacation Training Scheme
in the Government of the Hong Kong Special Administrative Region

备注 Notes:

- (a) 申请人必须就每一个申请的实习空缺填写一份申请书。 Applicant should complete one application form for each intern vacancy in the Government.
- (b) 请用黑色/蓝色墨水笔或原子笔，以正楷填写申请书。 Please complete the form in block letters and in black or blue ink.
- (c) 申请人须提供正确资料。递交申请书后，如申请书内所提供的资料（包括你的香港特别行政区永久性居民的身分）有任何更改，你必须通知招聘部门负责人员。 Please ensure that the information provided is accurate. You are required to notify the subject officer of the recruiting department if there are any subsequent changes to the information provided, including any change to your permanent resident status of the Hong Kong Special Administrative Region, after submission of the application form.
- (d) 申请人如未能提供所需的资料，申请书可能不获受理。 Your application may not be considered if you fail to provide the requested information.
- (e) 申请人所提供的资料，将用于与本训练计划有关的招聘工作以及其他与雇用有关的事宜上。 The information provided will be used for recruitment relating to this Scheme and other employment-related purposes.
- (f) 递交申请书后，如欲更改或查询个人资料，请与招聘部门负责人员联络。 For correction of or access to personal data after submission of the application form, please contact the subject officer of the recruiting department.

申请人编号

Candidate No.

(只供有关部门填写 Official use only)

申请实习空缺名称 Title of Intern Vacancy Applied For	政策局/部门及组别 Bureau/Department (Division/Section)
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A部 Section A

个人资料 Personal Particulars

姓名 Name	_____	_____
	(中文 Chinese)	(英文 English)
香港身份证号码 Hong Kong Identity Card Number	_____	性别 Sex 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/>
你是否香港特别行政区永久性居民? Are you a permanent resident of the Hong Kong Special Administrative Region?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
联络电话 Contact telephone number	_____	电邮地址 E-mail address _____
地址 Address	_____	

在香港居留时间 (请按日期先后填写) Length of Residence in Hong Kong (with dates in chronological order)

由 (月/年) From (Month/Year)	至 (月/年) To (Month/Year)	期间 Duration
_____	_____	_____
_____	_____	_____
合计 Total		_____

学历 (按考获资格的日期顺序列出) Academic Attainment (in chronological order)

学院/颁发机构 (例如: 香港考试及评核局) Institute/Issuing Authority (e.g. Hong Kong Examinations and Assessment Authority)	颁发日期 (日/月/年) Date Issued (DD/MM/YYYY)	学历 (例如: 香港中学文凭考试) Qualifications (e.g. Hong Kong Diploma of Secondary Education Examination)	及格科目及成绩 (例如: 成绩等级、及格、良好、 荣誉学位等级、主修、副修科目等) Subjects Passed and Level Attained (e.g. Grade, Pass, Credit, Class, Division, Major, Minor, etc.)

教育程度 (按接受教育日期顺序列出) Education (in chronological order)				
曾经/现正就读的学校、学院、大学 Schools, Colleges, Universities, etc. Attended/Attending	学系/主修学科 Faculty/Major Area of Study	课程名称及就读班级 Course and Year of Study	就读日期(月/年)Date (MM/YYYY)	
			由From	至To

工作经验 (包括暑期工和兼职) (请按任职日期顺序列出) Work Experience (including summer employment & part-time jobs) (in chronological order)		
公司名称 Name of Company	职位 Position Held	工作性质 Nature of Work

特别技能及知识 (例如: 电脑操作) Special Skills and Knowledge (e.g. computing knowledge)

课外活动 (例如: 学生会) (可选择是否填写) Extra-Curricular Activities (e.g. Student Union) (Optional)

B部 (可选择是否填写) Section B (Optional)

你是否残疾人士? Are you a candidate with disability? 是 Yes 否 No

如为残疾人士, 请注明残疾性质及程度, 以及在参加面试时是否需要特别的安排 -

If yes, please indicate nature and degree of disability and specify whether you need special arrangement for attending an interview, if any -

(注Note: 政府遴选时对残疾人士及其他申请人会一视同仁。申请人如需获得为残疾人士而设的聘任相关安排, 有关部门可能要求提交医生证明其为残疾人士。Candidates with disabilities are considered on equal terms with other applicants. The Government may require medical proof of their disability if candidates wish to make use of the appointment arrangements applicable to candidates with disabilities.)

C部 Section C

本人明白倘若故意在填写本申请书时虚报资料或隐瞒重要事实, 或未有在申请书内所提供资料已作更改后通知招聘部门, 可令本人丧失获政府录用的资格; 即使已获政府录用, 亦可遭终止聘用。I understand that if I wilfully give any false information or withhold any material information in this application form, or fail to notify the recruiting department any subsequent change of information provided, it will render me liable to disqualification for employment by the Government or termination of employment, if already employed by the Government.

本人同意政府可就本培训计划有关的招聘工作以及雇用有关的事宜, 及为核实上述资料而进行必要的查询。本人授权所有政府部门及其他组织或机构可就这些查询, 透露任何有关的纪录及资料。I consent to the Government making any necessary enquiries for purposes relating to this Scheme and employment with the Government and for the verification of the information given above. I authorise all government departments and other organizations or agencies to release any record or information as may be required for these enquiries.

本人明白并同意, 如有需要, 上述资料会送交获授权处理有关资料的政府部门及其他组织或机构, 用以进行与政府招聘工作及雇用有关的事宜。I understand and accept that the information given above will be provided to government departments and other organizations or agencies authorized to process the information for purposes relating to recruitment by and employment with the Government.

日期Date _____

签署Signature _____