

Hong Kong Paralympians Fund
Subsistence Grant to Athletes with Disabilities
(2012-13)

Application Form

The information you provide in this application form is the basis for assessing eligibility for the Subsistence Grant to Athletes with Disabilities of the Hong Kong Paralympians Fund (HKPF). The Application Guidelines of HKPF should be read when completing this application form. Application form and Guidelines can be downloaded from the Social Welfare Department (SWD) website (www.swd.gov.hk).

Please submit the completed form either by post or by hand to the Secretariat of the HKPF at the Rehabilitation and Medical Social Services Branch, SWD, Room 901, 9/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong on or before **4 January 2012**. **Late or incomplete applications will NOT be considered.**

(A) Personal Particulars

Sport:	Since:
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Name (Chinese)	Name (English)
Hong Kong ID Card No./Passport No.*	Nationality
Sex (Male/Female)*	Age
Date of birth (dd/mm/yy)	Place of birth
Highest educational level (with date of attainment)	
Home address	
Correspondence address (if different from home address)	
Contact telephone number	

* *delete where inappropriate*

(B) Records of Sports Achievements

- ♣ Provide information on your best performances in order of merit at international competitions in which you have competed in the period between January 2010 to December 2011.
- ♣ Support all your achievements with documentation (e.g. official results, press reviews, etc.)
- ♣ Use separate sheet if additional writing space is required

I. Individual Results

<u>Date</u>	<u>Name of Competition / Venue</u> ^	<u>Event (e.g. 100m, singles, etc.)</u> ^	<u>Results / Position (e.g. score, timing, distance in metre / mile, etc.)</u>	<u>No. of Entries for your Event</u>	<u>No. of Competing Countries / Regions for your Event</u>	<u>Personal Best for this Event</u>
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^ Please provide both English and Chinese versions for data input

II Team Results (The applicant as a member of the team)

<u>Date</u>	<u>Name of Competition / Venue ^</u>	<u>Event (e.g. relay, doubles, etc.) ^</u>	<u>Results / Position (e.g. score, timing, distance in metre / mile, etc.)</u>	<u>No. of Entries for your Event</u>	<u>No. of Competing Countries / Regions for your Event</u>	<u>Name(s) of Team Member(s)</u>
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III Individual Award Honoured in Major Competition

<u>Date</u>	<u>Name of Competition / Venue</u> [^]	<u>Award</u> [^]
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IV. Ranking

Ranking should be supported by officially published / endorsed ranking lists of Asian / International Federation.

2010 :	<u>(Asian)</u>	<u>(World)</u>
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2011 :	<u>(Asian)</u>	<u>(World)</u>
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(C) Reasons for application for subsistence grant to athletes with disabilities

(D) Competition goals and training programme (as agreed by your Coaching Supervisor)

(E) Record of Employment (last 3 jobs)

Company	Job Title / Nature	Income per month (\$)	From (dd/mm/yy) To (dd/mm/yy)

(F) Any need for terminating / suspending employment / education due to sports-related reason?

Yes / No *

(G) Amount of income loss, if any

Monthly income loss (\$):

(H) Any other sports-related funding support received / to be received (e.g. Sports Aid Grant for Athletes with Disabilities)

Year	Funding sources	Amount per month (\$)	From (mm/yy) To (mm/yy)
2010-11			
2011-12			
2012-13			

(I) Any other allowance / assistance currently received, including the Comprehensive Social Security Assistance

Name of allowance / assistance	Amount per month (\$)

(J) Applicant's declaration

I declare that the information I have provided in this application is true and correct. I understand that non-conformity with the competition goals and training programme as listed in D without valid reasons, or breach of terms in the Agreement might result in cessation of funding and a refund in whole or in part of the payment.

Signature of applicant: _____ Date: _____

(K) Parental / Guardian Consent (For applicants under 18 years old)

(To be completed by parent / guardian)

I consent to my child / ward, _____ (Name of applicant) being assisted by the Subsistence Grant to Athletes with Disabilities of the Hong Kong Paralympians Fund, and I agree to let *him / her attend sports training and competitions. I understand that non-conformity with the submitted competition goals and training programme as listed in D without valid reasons, or breach of terms in the Agreement might result in cessation of funding and a refund in whole or in part of the payment.

Signature of parent / guardian: _____

Name: _____ (English) _____ (Chinese)

Relationship: _____ Date: _____

Day-time contact telephone no.: _____

Address (if different from applicant): _____

(L) Recommendation by the Coaching Supervisor (to be completed by the Coaching Supervisor)

Name of Coaching Supervisor
(English): _____ (Chinese): _____

Address: _____

Day-time contact tel. no.: _____

Qualification: _____

Position at the Sports Organisation listed in (M) below: _____

Recommendation:
(including comments on level of performance, participation in competitions, commitment training, and potential for further advancement, etc.)

Signature: _____ Date: _____

(M) Endorsement by the Sporting Association

(to be completed and signed by a senior official of the Sporting Association)

Name of Sports Association:

Address:

Comments / Recommendation on the applicant:

I *endorse / do not endorse the application (please state reason if you do not endorse the application.

Signature: _____ Date: _____

Name: _____ (English) _____ (Chinese)

Position: _____

Day-time contact tel. no.: _____

Organisation Chop: _____