

Hong Kong Paralympians Fund
Application Form for
Employment Facilitating Grant for Retired Athletes with Disabilities
covering April 2010 to March 2012

(Deadline for application: 16 December 2009)

Please read the guidelines before completing this application form.

(A) Personal particulars

Name (Chinese)	(English)
Hong Kong ID Card No./Passport No.*	Nationality
Sex (Male / Female)*	Age
Date of birth (dd/mm/yy)	Place of birth
Home address	
Correspondence address (if different from the home address)	
Telephone number Home: _____ Office: _____ Mobile: _____	

*Please delete as appropriate

(B) Record of sporting experience and achievements

Type of sport				Since when		
Achievements (please provide separate sheet with information in the following format) (please provide your best performances in order of merit, with supporting documentation, e.g. official results, press reviews, etc.)						
<i>Individual Results</i>						
Date	Name of Competition/ Venue (in English and Chinese)	Event (e.g. 100m, singles, etc.) (in English and Chinese)	Results/ position (e.g. score, timing, distance in metre, etc.)	No. of entries for the Event	No. of competing countries/ regions for the Event	Personal best for the Event
<i>Team Results</i>						
Date	Name of Competition/ Venue (in English and Chinese)	Event (e.g. relay, doubles, etc.) (in English and Chinese)	Results/ position (e.g. score, timing, distance in metre, etc.)	No. of entries for the Event	No. of competing countries/ regions for the Event	Name(s) of Team Member(s) (in English and Chinese)
<i>Individual Award Honoured in Major Competition</i>						
Date		Name of Competition/Venue (in English and Chinese)			Award	
<i>Ranking (ranking should be supported by officially published/endorsed ranking lists of Asian/International Federation)</i>						
2008	(Asian)			(World)		
2009	(Asian)			(World)		

(C) Official date of retirement

Date (dd/mm/yy): (please provide official documentation)

(D) Record of employment history (last 5 jobs)

Company	Job title/ nature	Wages (\$) per month	From (dd/mm/yy) To (dd/mm/yy)
1			
2			
3			
4			
5			

(E) Highest educational attainment

Highest educational attainment	Date of Completion

(F) Prospective employment/vocational training (to be completed by Applicant)
(please complete (i) or (ii) or both below)

(Note: a monthly grant to be paid for a maximum of two years, with regular reviews)

(i) Prospective employment
Name and address of the company/organisation:

Nature of employment: _____
Job title: _____
Expected monthly salary (\$): _____
Expected period of employment [from (dd/mm/yy) to (dd/mm/yy)]:

(please ask prospective employer to complete Annex)

(ii) Prospective vocational training
Name and address of the organisation:

Nature of vocational training: _____
Course title: _____
Training fees (\$): _____ (per month/one-off*)
Period of training [from (dd/mm/yy) to (dd/mm/yy)]:

(please attach supporting documentation, e.g. course details, receipts, etc.)

*Please delete as appropriate

(G) Reasons/justifications for application for the employment facilitating grant

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(H) Any other funding support for this proposal

Funding sources	Amount (\$) per month	From (dd/mm/yy) To (dd/mm/yy)

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

Name of the allowance: Purpose of the allowance: Amount (\$) per month:

(J) Applicant's declaration

I have read and well understand the guidelines attached to this application and hereby certify that the information given above is true and correct. Signature: _____ Applicant's name: _____ Date: _____
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Please attach documentation/supplementary information where necessary.

(L) Recommendation by the ex-Sporting Organisation
(to be completed and signed by a senior official of the ex-Sporting Organisation)

Name and address of the ex-Sporting Organisation:

Please specify priority if more than one applicant in this category:

(i.e. 1, 2 or 3): _____

Recommendation:

Signature: _____

Name: _____ (English) _____ (Chinese)

Position: _____

Date: _____

Day time contact tel. no.: _____

Organisation Chop: _____

Please attach documentation/supplementary information where necessary.

