Hong Kong Paralympians Fund
(2027-28)

Subsistence Grant to Athletes with Disabilities

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 (the Fund). **The Guidelines on Application of the Fund and its annexes should be read when completing this application form**. Application Form and Guidelines can be downloaded from the Social Welfare Department website (https://www.swd.gov.hk/en/pubsvc/rehab/cat_fundtrustfinaid/hkpf/).

Please submit the completed application form either by post (according to postmark) or by hand to the following address on or before **4 January 2027 (Monday), 5:00 pm**. **Late submissions or incomplete application form will NOT be considered**.

The Secretariat, Hong Kong Paralympians Fund
Rehabilitation and Medical Social Services Branch
Social Welfare Department
Unit 201, 2/F, THE HUB, 23 Yip Kan Street
Wong Chuk Hang, Hong Kong

(A) Personal Particulars

Sports:	**Since:**

Name (Chinese)	**Name (English)**
Hong Kong Identity Card Number	**Nationality**
Sex (Male/Female) #	**Age**
Date of birth (dd/mm/yyyy)	**Place of birth**
Residential address	
Correspondence address (if different from residential address)	
Contact telephone number	

Please delete as appropriate

(B) Records of Sports Achievements

- Provide information on **three** of your best performances in order of merit at **international competitions** in which you have competed in the period between **January 2025 to December 2026**.
- **Part I and/or II** below **must be completed** with **documentation** supporting all your achievements (e.g. official results, press reviews, etc.).
- Use separate sheet if additional writing space is required.

I. Individual Results

Date	**Category of Sports** [with reference to Annex B of the Guidelines on Applications, e.g. Regional Championships, World Cup Series, etc.]	**Name of Competition & Venue** ^	**Event (e.g. 100m, singles, etc.)** ^	**Results/ Position**	**No. of Entries for Your Event**	**Type of Supporting Document** [official result / press review / others (please specify)]

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

Date	**Category of Sports** [with reference to Annex B of the Guidelines on Applications, e.g. Regional Championships, World Cup Series, etc.]	**Name of Competition & Venue** ^	**Event (e.g. relay, doubles, etc.)** ^	**Results/ Position**	**No. of Entries for Your Event**	**Name(s) of Team Member(s)**	**Type of Supporting Document** [official result / press review / others (please specify)]

^ ***Please provide both English and Chinese versions for record purpose.***

(C) Competition goal(s) and training programme(s) in the coming year (as agreed by your Coaching Supervisor)

(D) 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 goal(s) and training programme(s) as listed in Part (C) above 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: _____

(E) 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 competition(s). I understand that non-conformity with the submitted competition goal(s) and training programme(s) as listed in part (C) above 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: _____ Date: _____

Name:_____ (English) _____ (Chinese)

Relationship: _____ Day-time contact telephone no.: _____

Address (if different from applicant):

_____

[#] ***Please delete as appropriate***

(F) 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 Part (G) below: _____

_____

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

Signature: _____ **Date:** _____

(G) Endorsement by the Sports Organisation
(to be completed and signed by a responsible official of the Sports Organisation)

Name of Sports Organisation :

_____

Address :

_____

Category of Subsistence Grant <u>received in last fiscal year</u> :

☐ **Category A** ☐ **Category B** ☐ **Category C** ☐ **Not Applicable**

Recommendation on Category of Subsistence Grant for 2027-28 :

☐ **Category A** ☐ **Category B** ☐ **Category C**

Reasons for the Recommended Category :

☐ **Meeting the eligibility criteria**

☐ **Others : (please elaborate)** _____

_____

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: _____

Please "✓" in □
Please delete for "#" as appropriate