Hong Kong Paralympians Fund Employment Facilitating Grant for Retired Athletes with Disabilities (2026-29)

Application Form

The information you provide in this application form is the basis for assessing eligibility for the Employment Facilitating Grant for Retired 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 form either by post (according to postmark) or by hand to the following address on or before <u>2 January 2026 (Friday)</u>, <u>5:30pm</u>. <u>Late submissions or incomplete application form will NOT be considered.</u>

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

Sports:	From(mm/yyyy)to(mm/yyyy)
	Name (English)
rd Number	Nationality
	Age
ууу)	Place of birth
s (if different from	n home address)
oer	
	rd Number yyy) s (if different from

[#] Please delete as appropriate

(B) Record of Sporting Achievements

- > Provide information on three of your best performances in order of merit at international competitions in which you have competed from or after 2000 Paralympic Games.
- Part I and/or II below <u>must be completed</u> with <u>documentation</u> supporting all your achievements (e.g. official results, press reviews, etc.).
- > Use a separate sheet if additional writing space is required.

I. Individual Results

Date	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. <u>Team Results</u> (The applicant as a member of the team)

Date	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)]

 $^{^{\}wedge}\ \textit{Please provide both English and Chinese versions for record purpose}.$

(C) Record of Employment (the last 3 jobs)

Company	Job Title /	Income Per Month	From (dd/mm/yy)
Company	Nature	(\$)	To (dd/mm/yy)

(D) Prospective Employment/Vocational Training/Education Programme (to be completed by the Applicant) (please complete (i) or (ii) or both below)

Name and address of the company / organisation: Nature of employment: Job title: Expected monthly salary (including grant from the Fund) (\$)(if applicable): Expected period of employment [from (dd/mm/yyyy) to (dd/mm/yyyy)]: (please ask prospective employer to complete Annex II) (ii) Prospective vocational training/education programme Name and address of the organisation:
Expected monthly salary (including grant from the Fund) (\$)(if applicable): Expected period of employment [from (dd/mm/yyyy) to (dd/mm/yyyy)]: (please ask prospective employer to complete Annex II) (ii) Prospective vocational training/education programme
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(please ask prospective employer to complete <u>Annex II</u>) (ii) <u>Prospective vocational training/education programme</u>
(ii) Prospective vocational training/education programme
1 1 1 -
Name and address of the organisation:
Nature of vocational training/education programme:
Course title:
Training/tuition fee [#] (\$):(per month/one-off [#])
Period of training [from (dd/mm/yyyy) to (dd/mm/yyyy)]:
(please attach supporting documentation, e.g. course details, receipts, etc.)

^{*} Please delete as appropriate

E)	Reasons / Justifications for A	pplication for the Employm	ent Facilitating Grant
(F)	Any Other Funding Support	for This Proposal	
(1 ')			From (dd/mm/yy)
	Funding sources	Amount per month (\$)	To (dd/mm/yy)
(G)	Any Other Allowance / Comprehensive Social Securi		Receiving Including the
	Name of allowa	nce / assistance	Amount per month (\$)

(H) Applicant's Declaration

(I)

prospective employment / vocational
part (D) above without valid reasons, or
alt in cessation of funding and a refund in
Date:
hing Supervisor
ning Supervisor)
Chinese):
minese).
below:
Date:
Date:information where necessary.

(J) Recommendation by the Sports / ex-Sports Organisation (to be completed and signed by a responsible official of the Sports / ex-Sports Organisation)

Name of Sports / ex-Sports Organis	ation:	
Address:		
Recommendation:		
Signature:	Date:	
Name:	(English)	(Chinese)
Position:		
Day Time Contact Tel. No.:		
Organisation Chop:		
Please attach documentation/supple	ementary information wher	e necessary.

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Retirement Plan of the Applicant

Please complete this form by the **sports organisation**, and attach it to the main application for submission.

Name of Applicant:	(English)	(Chinese)
Goal of Retirement Plan		
Plan of Action		
Implementation Schedule		
Alternative Plan (if any)		
Signature:	Date:	
Name:		
Position at Sports Organisation:		
Day Time Contact Tel. No.:		
Email Address:		
Organisation Chop:		
Please attach documentation/suppl	lementary information where	necessarv.

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Endorsement by the Prospective Employer

Please detach this form from the main application for completion by the prospective employer, and re-attach it to the main application for submission via the sports organisation.

Name of company / organisation:		
Address		
Name of applicant:		
Nature of prospective employment:		
Job title:		
Expected monthly salary (including gra	nt from the Fund) (\$)(if applicable):	
Expected period of employment [from ((dd/mm/yyyy) to (dd/mm/yyyy)]:	
Expected working hours:		
Comments:		
Signature:	Date:	
Name:		
Position at the company / organisation:		
Day time contact tel. no.:		
Buy time contact ten non		
Company / Organisation Chop:		
Please attach documentation/supplemen	ntary information where necessary.	