

機密
Confidential



退役殘疾運動員轉型計劃 — 在職進修申請表格

Retired Para Athletes Transformation Programme — Education Subsidy Application Form
(只適用於轉型計劃參加者 Only Applicable for **Transformation Programme Participant**)

(職員專用 For Official use)

收到申請表日期
Date of received

申請人編號
Candidate No.

重要說明 Important Instruction

- 每位轉型計劃參加者在受聘期間可申請一個與職位相關的專上教育課程資助，資助金額為學費的 80% (上限為 HK\$40,000)。
Each participant is eligible to apply for ONE (1) job-related post-secondary education subsidy, which is 80% of the course fee up to a maximum sum of HK\$40,000 during the employment period.
- 每位轉型計劃參加者在受聘期間每年可申請一個與職位相關的短期課程資助，資助金額為學費的 80% (上限為 HK\$2,000)。
Each participant is also eligible to apply for ONE (1) job-related short-term course subsidy per year, which is 80% of the course fee up to a maximum sum of HK\$2,000 during the employment period.
- 同一課程不可重覆申請任何其他資助。
Applicant receiving education subsidy under this Programme ("PACEP") cannot concurrently benefit from any other subsidies for the same course.
- 須提供有效的正式收據作報銷用途，否則不予受理。
Official receipts are required for the reimbursement of education subsidies. Retrospective reimbursement will not be accepted.

第一部分 轉型計劃資料

PART I Transformation Programme Information

英文姓名 Name in English	姓 Surname	名 Given Name	
中文姓名 Name in Chinese		聯絡電話 Contact Tel No.	
配對詳情 I Matching Details I			
配對學校／機構 Matched School/Organisation			
職位名稱 Position Held			
入職日期 Employment Date		離職日期 Last Employment Date	
配對詳情 II Matching Details II (如適用 If applicable)			
配對學校／機構 Matched School/Organisation			
職位名稱 Position Held			
入職日期 Employment Date		離職日期 Last Employment Date	

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請在適當方格內填上「✓」號 Please tick (✓) in the appropriate box(es)

第二部分 資助類別					
PART III Categories of Subsidies					
<input type="checkbox"/>	類別一 Category 1 專上教育課程 Post-Secondary Education				
	課程名稱 Programme Name				
	院校/機構名稱 Name of Institution				
	入學日期 Commencement Date	月 MM	年 YYYY	預計畢業 Expected Graduation	月 MM 年 YYYY
	課程學費 Tuition fee	港幣 HKD			
	本人明白每位參加者在受聘期間只能申請 <u>一個</u> 專上教育課程資助。 <input type="checkbox"/> I understand that each participant can apply ONE post-secondary education subsidy during the employment period.				
	本人確認 <u>沒有從其他機構</u> 獲得此課程的學費資助。 <input type="checkbox"/> I confirm that I did not receive education subsidy from other organisations to subsidise the above-mentioned programme.				
	本人明白本人須連續受聘 <u>不少於 24 個月</u> 才合資格領取專上教育課程學費資助。 <input type="checkbox"/> I understand that to be eligible for the post-secondary education subsidy, I need to continuously be employed for a minimum of 24 months .				
<input type="checkbox"/>	類別二 Category 2 短期課程 Short-term Course				
	課程名稱 Programme Name				
	院校/機構名稱 Name of Institution				
	入學日期 Commencement Date	月 MM	年 YYYY	預計畢業 Expected Graduation	月 MM 年 YYYY
	課程學費 Tuition fee	港幣 HKD			
	本人明白每位參加者在受聘期間每年（由入職日期起計）可申請一個短期課程資助。 <input type="checkbox"/> I understand that each participant can apply ONE short-term course subsidy per year (from the date of employment) during the employment period.				
	本人確認 <u>沒有從其他機構</u> 獲得此課程的學費資助。 <input type="checkbox"/> I confirm that I did not receive education subsidy from other organisations to subsidise the above-mentioned programme.				

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第三部分 聲明 PART III Declaration	
申請人聲明 I hereby declare	
1.	本人確認此表格內填報之資料全屬正確無訛。本人明白倘若在填寫本申請書時虛報資料或隱瞞重要事實，登記資格將會作廢。 I confirm that the information contained in this Form is true and correct. I understand that the application will not be considered if I wilfully give any false information or withhold any material information in this Form.
2.	本人明白此申請表所遞交的個人資料將會用作處理本人是次申請或核實而提供的資料。本人知道秘書處將依據本人所提供的資料，決定本人是否符合獲發還費用的資格。 I understand that my personal data provided in this application will be used for the purpose of processing my application or verifying information provided in this application. I am aware that the Secretariat will rely on the information provided by me to determine my eligibility for receipt of reimbursement of fees.
3.	本人明白本人有權查閱或改正我的個人資料。本人同意如有需要，有關資料可能會轉交至體育總會審核及其他機構核對相關資料。 I understand that I have the right to request access to and correction of my personal data. I accept that the information given above will be provided to respective NSA or other organisations authorised to validate my athlete status as may be necessary.
4.	本人已閱讀及明白「退役殘疾運動員轉型計劃工作手冊」及同意遵守相關條款及守則。 I have read and fully understood the Handbook and agreed to be bound by the terms and conditions of the Retired Para Athletes Transformation Programme.

申請人簽名

Signature of Applicant _____

日期

Date _____

請把已填妥表格電郵至 pacep@paralympic.hk。本計劃秘書處處理申請後會聯絡申請人，屆時請攜同以下文件親臨秘書處作進一步審核。Please email the duly completed form to pacep@paralympic.hk. The Secretariat Office will contact you for further information and please bring along the below **original** documents in person at Secretariat Office for verification.

<input type="checkbox"/>	已填妥及簽名的申請表格正本 The ORIGINAL of signed Application Form
<input type="checkbox"/>	課程資料 (如課程小冊子及網頁截圖，顯示包括課程學費及常規修業期限等資料) Programme Information (e.g. programme brochure, website information, showing tuition fee details and normative study period)
<input type="checkbox"/>	課程錄取通知書正本 (如有) The ORIGINAL of the Admission Offer Letter (if any)