



## 童軍知友社賽馬會啟業青少年服務中心

The Friends of Scouting The Jockey Club Kai Yip Service Centre for Children and Youth

## 香港賽馬會社區資助計劃 — 『知友明天』愛與夢飛行計劃

The Hong Kong Jockey Club Community Project Grant: Love &amp; Dream Project

## 機構轉介表格

Agency Referral Form

## 第一部份：參加者資料

## Part 1: Applicant's Information

參加者姓名：\_\_\_\_\_ (中文) \_\_\_\_\_ (英文)

Name of Applicant: Name in Chinese English Full Name

出生日期：\_\_\_\_\_ (日) / \_\_\_\_\_ (月) / \_\_\_\_\_ (年) 性別：\* 女 / 男 手提電話：\_\_\_\_\_

Date of Birth: DD MM YYYY Gender: Female / Male Mobile Phone No.:

地址：\_\_\_\_\_ 學歷：\_\_\_\_\_

Address: Qualification:

## 第二部份：轉介人資料及意見

## Part 1: Referrer Information and Recommendation

轉介人姓名：\_\_\_\_\_ 轉介機構：\_\_\_\_\_ 職位：\_\_\_\_\_

Name of Referrer: Referral Organisation: Position:

聯絡電話：\_\_\_\_\_ 傳真號碼：\_\_\_\_\_

Contact No.: Fax No.:

參加者是否已輟學？  否  是Is applicant dropped out from school?  NO  YES

輟學原因：\_\_\_\_\_

Reason of drop out:

家庭情況：\_\_\_\_\_

Family situation:

是否有工作經驗？  否  是 工作類型：\_\_\_\_\_Does the applicant have working experience?  NO  YES Type of work:

離職原因：\_\_\_\_\_

Reason of leave:

參加者是否有吸毒習慣？  是：  偶然  經常  否Does the applicant have any drug abusing habit?  YES:  Seldom  Often  No

如是，請詳述背景情況：\_\_\_\_\_

If yes, please describe the background information:

參加者是否曾參與類似的計劃？  有(請註明)\_\_\_\_\_  沒有Did the applicant ever join similar programs?  Yes (Please specify)  No

轉介人對參加者的評估：\_\_\_\_\_

Evaluation of applicant by referrer:

轉介人對參加者參加此計劃之期望：\_\_\_\_\_

Referrer's expectation for applicant during this program:

轉介人對參加者參加完此計劃後會有什麼跟進：

Referrer's follow up action applicant after this program:

 回原校復課 Continue study in original school: \_\_\_\_\_ 另覓學校 Continue study in other school: \_\_\_\_\_ 其他Other: \_\_\_\_\_

轉介人簽署：\_\_\_\_\_

Referrer's Signature:

日期：\_\_\_\_\_

Date:

如對本計劃有任何查詢，可瀏覽本中心網頁，或致電 2754 9561，與本計劃負責同事聯絡。

報名表格可以以傳真或郵遞方式交回本中心。 If you have any inquire, you can visit our website, or call us on 2754 9561 and contact our project staff. Application form can be submitted through fax or by mail.

地址：九龍啟業邨啟祥樓 14-27 號地下

Address: G/F, No. 14-27, Kai Cheung House, Kai Yip Estate Kowloon.

電話：2754 9561

Phone No.: 2754 9561

傳真：2756 4413

Fax: 2756 4413

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