

## Construction Appreciation Camp

### Application Form

Please read the Application Guide carefully before completing the Application Form. Applicants may make copies of this Application Form.

#### Personal Information Collection Statement

1. The information you provide to the Construction Industry Council (the "CIC"), including any personal data as defined in the Personal Data (Privacy) Ordinance (the Ordinance), will be used solely for purposes related to the activities of the CIC.
  2. To keep you informed of the CIC activities and industry developments, the CIC would like to use your personal data, including your name, phone number, correspondence and email addresses, to provide you updates in relation to training courses, trade testing, registration, events, and other work of the CIC and of the construction industry.
  3. You may choose whether you wish to receive such information. If you do not wish so, please put a tick in the box below.
  4. You have the right to request access to and correction of your personal data. The request must be made in writing to the CIC at 38/F, COS Centre, 56 Tsun Yip Street, Kwun Tong, Kowloon, Hong Kong.
- I do not wish to receive any information from the CIC in relation to its activities or to the developments of the construction industry.

**( I ) Personal Particular** (Must be exactly the same as shown on HKID card)  
(Please ✓ the appropriate )

Name : (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_

HKID Card Number: \_\_\_\_\_ ( \_\_\_\_\_ ) Gender: M F

Date of Birth: \_\_\_\_\_ (DD/MM/YY) Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Secondary School: \_\_\_\_\_

Form: \_\_\_\_\_ Emergency Contact Person: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Relationship with Applicant: \_\_\_\_\_

**( II ) Particulars of the Relatives with Valid Construction Workers  
Registration Card** (Must be exactly the same as shown on CWR card)

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Construction Workers Registration No.: CWR \_\_\_\_\_

Relationship with Applicant: \_\_\_\_\_

**( III ) My Most Appreciated Construction Project**

Please write an essay on the topic of “My Most Appreciated Construction Project” in no less than 100 words hello.

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**( IV ) Declaration (completed by the applicant's parent or guardian)**

I and the applicant declare that we have read the "Application Guide" before completing the application form, the information given in this Form and “Applicant’s Health Declaration Form” is accurate and understand that any misrepresentation may disqualify this application. The applicant and I fully understand and abide by the Terms and Conditions prescribed by the Appreciation Camp. The applicant will take part in the recreational and sports activities under the guidance of qualified instructors in the aforesaid camp. I accept that the CIC shall not be liable for any occurrence of accidents, injuries and loss of property suffered by the applicant. The applicant has already obtained their parent’s/ guardian’s permission to take part isn Appreciation Camp and all recreational and sports activities under the guidance of qualified instructors in the aforesaid camp.

Name of Parent / Guardian: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship with Applicant: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**( V ) Information to be submitted**

- A copy of Applicant’s Student Card
- A copy of Applicant’s Identity Card
- A copy of Construction Workers Registration Card of Applicant’s relative

## **Applicant's Health Declaration Form**

As Construction Appreciation Camp provides outdoor activities, for safety consideration, applicant shall complete the following questionnaire to enable staff and instructors to understand your health condition.

Name of applicant (Eng) \_\_\_\_\_ (Chi) \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

### **Applicant's Medical History**

#### **Injuries**

	NO	YES	Years of Being Injured	of Cured	Not yet cured
Head Injuries					
Neck Injuries					
Shoulder Injuries					
Arm / Wrist / Hand Injuries					
Back Injuries					
Knee Injuries					
Ankle injuries					
Joints Injuries Joints : _____					
Other Injuries Example : _____					

#### **Severe, chronic or congenital diseases:**

	NO	YES	Regular medication	No strenuous exercise	Other Remark
Epilepsy or convulsions					
Heart Disorder					
High blood pressure					
Diabetes					
Asthma					
Flatfoot					
Genu Varum / Genu Valgum					
Night Blindness					
Other sicknesses Example : _____					

**Allergies:**

	NO	YES	Allergens	Allergic reaction	Medication
Medicines Allergies					
Food Allergies					
Skin Allergies					
Hair Allergies					
Animals Allergies					
Other Allergies					

**Special learning needs and psychological conditions:**

	NO	YES	Please list the conditions, incentives, and the special arrangements required.
Hearing Impairment			
Visual Impairment			
Handicapped			
Intellectual Deficit			
ADHD			
ASD			
Dyslexia			
Gifted			
Others: e.g. Clinical Depression, Anxiety Disorder			

Others:

- Any surgery performed in the last 30 days?
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- Are there any activities to be limited / discouraged by physician's advice?
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- Are you a vegetarian?
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- If you have any doubts about your condition, please take a medical check-up and attach a doctor's certificate before participating in the event.
- If there are any updates before the Camp, please complete and submit the Health Declaration Form again.