

香港特別行政區政府專上學生暑期實習計劃申請書
Application Form for Post-Secondary Student Summer Internship Programme
in the Government of the Hong Kong Special Administrative Region

備註 Notes:

- (a) 申請人只需填寫一份申請書，並可涵蓋一個或以上申請的實習職位。Applicant should complete one application form for one or more than one intern positions.
- (b) 請以正楷填寫申請書。Please complete the form in block letters.
- (c) 申請人須提供正確資料。遞交申請書後，如申請書內所提供的資料(包括你的香港特別行政區永久性居民的身分)有任何更改，你必須通知招聘部門負責人員。Please ensure that the information provided is accurate. You are required to notify the subject officer of the recruiting department if there are any subsequent changes to the information provided, including any change to your permanent resident status of the Hong Kong Special Administrative Region, after submission of the application form.
- (d) 申請人如未能提供所需的資料，申請書可能不獲受理。Your application may not be considered if you fail to provide the requested information.
- (e) 申請人所提供的資料，將用於與本實習計劃有關的招聘工作以及其他與僱用有關的事宜上。The information provided will be used for recruitment relating to this programme and other employment-related purposes.
- (f) 遞交申請書後，如欲更改或查詢個人資料，請與政府資訊科技總監辦公室聯絡(電郵地址: appts@ogcio.gov.hk)。For correction of or access to personal data after submission of the application form, please contact the Office of the Government Chief Information Officer (e-mail address: appts@ogcio.gov.hk).

申請實習職位 Intern Position(s) Applied For		
1 <input type="checkbox"/> (SEC)11	4 <input type="checkbox"/> (DI)31	7 <input type="checkbox"/> (SC)3
2 <input type="checkbox"/> (SEC)12	5 <input type="checkbox"/> (OP)25	
3 <input type="checkbox"/> (SEC)41	6 <input type="checkbox"/> (DA)31	

(請註明你的選擇次序，例如於第一優先選擇的空格內填上「1」。
Please indicate the priority of your preference, e.g. insert "1" in the box for the first priority.)

A部 Section A**個人資料 Personal Particulars**

姓名 Name	(中文 Chinese)	(英文 English)
香港身分證號碼 Hong Kong Identity Card Number	性別 Sex	男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/>
你是否香港特別行政區永久性居民? Are you a permanent resident of the Hong Kong Special Administrative Region?	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
聯絡電話 Contact telephone number	電郵地址 E-mail address	
地址 Address		
在香港居留時間(請按日期先後填寫) Length of Residence in Hong Kong (with dates in chronological order)	由(月/年) From (Month/Year)	至(月/年) To (Month/Year)
		期間 Duration
		合計 Total

教育程度 (按接受教育日期順序列出) Education (in chronological order)				
曾經/現正就讀的學校、學院、大學 Schools, Colleges, Universities, etc. Attended/Attending	學系/主修學科 Faculty/Major Area of Study	課程名稱及就讀班級 Course and Year of Study	就讀日期(月/年)Date (MM/YYYY)	
			由From	至To

工作經驗 (包括暑期工和兼職) (請按任職日期順序列出) Work Experience (including summer employment & part-time jobs) (in chronological order)		
公司名稱 Name of Company	職位 Position Held	工作性質 Nature of Work

特別技能及知識 (例如：電腦操作) Special Skills and Knowledge (e.g. computing knowledge)

B部 (可選擇是否填寫) Section B (Optional)

你是否殘疾人士? Are you a candidate with disability? 是 Yes 否 No

如為殘疾人士，請註明殘疾性質及程度，以及在參加面試時是否需要特別的安排 -

If yes, please indicate nature and degree of disability and specify whether you need special arrangement for attending an interview, if any -

(註Note: 政府遴選時對殘疾人士及其他申請人會一視同仁。申請人如需獲得為殘疾人士而設的聘任相關安排，有關部門可能要求提交醫生證明其為殘疾人士。Candidates with disabilities are considered on equal terms with other applicants. The Government may require medical proof of their disability if candidates wish to make use of the appointment arrangements applicable to candidates with disabilities.)

C部 Section C

本人明白倘若故意在填寫本申請書時虛報資料或隱瞞重要事實，或未有在申請書內所提供資料已作更改後通知招聘部門，可令本人喪失獲政府錄用的資格；即使已獲政府錄用，亦可遭終止聘用。 I understand that if I wilfully give any false information or withhold any material information in this application form, or fail to notify the recruiting department any subsequent change of information provided, it will render me liable to disqualification for employment by the Government or termination of employment, if already employed by the Government.

本人同意政府可就本實習計劃有關的招聘工作以及僱用有關的事宜，及為核實上述資料而進行必要的查詢。本人授權所有政府部門及其他組織或機構可就這些查詢，透露任何有關的紀錄及資料。 I consent to the Government making any necessary enquiries for purposes relating to this programme and employment with the Government and for the verification of the information given above. I authorise all government departments and other organizations or agencies to release any record or information as may be required for these enquiries.

本人明白並同意，如有需要，上述資料會送交獲授權處理有關資料的政府部門及其他組織或機構，用以進行與政府招聘工作及僱用有關的事宜。 I understand and accept that the information given above will be provided to government departments and other organizations or agencies authorized to process the information for purposes relating to recruitment by and employment with the Government.

日期Date

簽署Signature