



澳門特別行政區政府  
Governo da Região Administrativa Especial de Macau  
高等教育輔助辦公室  
Gabinete de Apoio ao Ensino Superior

## Military Experience Camp for Macao Higher Education Students Registration Form

### Personal Data Collection Statement

In accordance with relevant provisions of Act No. 8/2005 Personal Data Protection Act:

1. Personal data provided by applicants will be used solely for application purposes.
2. To fulfill purpose of application or legal obligations, the provided information may be transferred to another agency or permitted entity.
3. In accordance with the Act, applicants have the right to request, to access, correct, or archive his/her personal data stored in our Office.
4. All collected personal data will be processed in accordance with relevant provisions of Act No. 8/2005 Personal Data Protection Act. For details, please visit the related website.

- I have understood and accepted the contents of the “Personal Data Collection Statement” and realized that the personal data provided is for the use of application for “**Military Experience Camp for Macao Higher Education Students**” .
- I have read the Regulations and Rules of this program and accepted all the arrangements, and confirmed to make the registration.

#### I. Participated in activities organized by the GAES (fill in three activities at most)

- NO YES
1. Activity name: \_\_\_\_\_ Year: \_\_\_\_\_
2. Activity name: \_\_\_\_\_ Year: \_\_\_\_\_
3. Activity name: \_\_\_\_\_ Year: \_\_\_\_\_

#### II. Personal information

Chinese name (on the ID card): \_\_\_\_\_

Foreign name (on the ID card): \_\_\_\_\_

Gender: Male Female

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

Phone (Home): \_\_\_\_\_

Phone (Mobile): Macau - \_\_\_\_\_

Outside Macau - \_\_\_\_\_ (Country / Area code) + \_\_\_\_\_

E-mail address: \_\_\_\_\_



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Name of emergency contact person: \_\_\_\_\_

Relations with the emergency contact person: \_\_\_\_\_

Mobile number of emergency contact person: \_\_\_\_\_

E-mail of emergency contact person: \_\_\_\_\_

Type of the Macao SAR Resident Identity Card: Permanent Non-permanent

Number of the Macao SAR Resident Identity Card: \_\_\_\_\_

Validity of the Macao SAR Resident Identity Card: \_\_\_\_\_ Day/\_\_\_\_\_Month/\_\_\_\_\_Year

Location of the higher education institution you are attending:

Macao Mainland China Other \_\_\_\_\_

Institution name : \_\_\_\_\_

Name of the program you major in : \_\_\_\_\_

Student ID card number: \_\_\_\_\_

The grade in school year 2017/2018:

Year 1 Year 2 Year 3 Year 4 Other \_\_\_\_\_

Year estimated for the completion of the program: \_\_\_\_\_

Grade Point Average (GPA), from the 1st year to the latest semester: \_\_\_\_\_

(Please count your GPA on a 4.0 scale, and scores that do not conform to this standard should be converted proportionally)

### III. Curriculum Vitae

1 Social participation and experience:

1.1 Positions in societies (fill in three positions at most)

1) Name of the society: \_\_\_\_\_

Position: \_\_\_\_\_

Branch(if any): \_\_\_\_\_

Beginning date: \_\_\_\_\_ Day/\_\_\_\_\_Month/\_\_\_\_\_Year

Ending date: \_\_\_\_\_ Day/\_\_\_\_\_Month/\_\_\_\_\_Year

2) Name of the society: \_\_\_\_\_

Position: \_\_\_\_\_

Branch(if any): \_\_\_\_\_

Beginning date: \_\_\_\_\_ Day/\_\_\_\_\_Month/\_\_\_\_\_Year



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Ending date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

3) Name of the society: \_\_\_\_\_

Position: \_\_\_\_\_

Branch(if any): \_\_\_\_\_

Beginning date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

Ending date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

1.2 Voluntary work(fill in three activities at most)

1) Organizer : \_\_\_\_\_

Content: \_\_\_\_\_

Branch(if any): \_\_\_\_\_

Beginning date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

Ending date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

2) Organizer : \_\_\_\_\_

Content: \_\_\_\_\_

Branch(if any): \_\_\_\_\_

Beginning date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

Ending date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

3) Organizer : \_\_\_\_\_

Content: \_\_\_\_\_

Branch(if any): \_\_\_\_\_

Beginning date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

Ending date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

2 Professional development / Specialty:

2.1 Continuing Education (fill in three courses at most):

1) Course Title : \_\_\_\_\_

Organizer : \_\_\_\_\_

Beginning date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

Ending date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

Level (if any): \_\_\_\_\_



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2) Course Title : \_\_\_\_\_

Organizer : \_\_\_\_\_

Beginning date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

Ending date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

Level (if any): \_\_\_\_\_

3) Course Title : \_\_\_\_\_

Organizer : \_\_\_\_\_

Beginning date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

Ending date: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

Level (if any): \_\_\_\_\_

2.2 Sports, arts and other specialty (fill in three specialties at most)

1) Item : \_\_\_\_\_

Level (if any): \_\_\_\_\_

2) Item : \_\_\_\_\_

Level (if any): \_\_\_\_\_

3) Item : \_\_\_\_\_

Level (if any): \_\_\_\_\_

2.3 Awards(fill in three awards at most):

1) Event name: \_\_\_\_\_

Organizer: \_\_\_\_\_

Held in the year of : \_\_\_\_\_

Awards: \_\_\_\_\_

2) Event name: \_\_\_\_\_

Organizer: \_\_\_\_\_

Held in the year of : \_\_\_\_\_

Awards: \_\_\_\_\_

3) Event name: \_\_\_\_\_

Organizer: \_\_\_\_\_

Held in the year of : \_\_\_\_\_

Awards: \_\_\_\_\_



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2.4 Interests and Hobbies ( fill in three items at most ) :

- 1) Item : \_\_\_\_\_  
 2) Item : \_\_\_\_\_  
 3) Item : \_\_\_\_\_

2.5 Letter of recommendation (if any):

Name of the Recommender : \_\_\_\_\_  
 Institutional affiliation of the recommender : \_\_\_\_\_  
 Position of the recommender : \_\_\_\_\_  
 Date of issue: \_\_\_\_\_Month/\_\_\_\_\_year

IV. Others

How did you know about this series of activities? (Multiple selection)

<input type="checkbox"/> Centre for Higher Education Students	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Poster	<input type="checkbox"/> Bus	<input type="checkbox"/> Apps
<input type="checkbox"/> GAES webpage	<input type="checkbox"/> StudentBlog	<input type="checkbox"/> Facebook	<input type="checkbox"/> Wechat	<input type="checkbox"/> YouTube	<input type="checkbox"/> Google
<input type="checkbox"/> Recommended by : <input type="checkbox"/> Parents <input type="checkbox"/> Siblings <input type="checkbox"/> Schoolmates <input type="checkbox"/> Friends <input type="checkbox"/> School					
<input type="checkbox"/> Others ( Please specify ) :					

**If necessary, students can entrust a representative to submit the application form and the related documents by filling out the information of the representative below:**

Name of the representative	Type of the Identification	Number of the Identification
	<input type="checkbox"/> BIR	
	<input type="checkbox"/> Passport	
	<input type="checkbox"/> Travel Permit for Hong Kong and Macao SAR	

Note: Please notify your representative to present the aforementioned identification for verification purposes when submitting documents.

**Contact:**

*E-mail:* studentblog@gaes.gov.mo

(Note: Please subject the enquiry email with “**Military Experience Camp for Macao Higher Education Students**”.)

Telephone: (853) 2834 5403 Fax: (853) 2832 2340

**I hereby declare that the above information is true and correct. I understand that I will carry out the related obligations and bear the consequences and responsibilities of providing false information.**

Signature of the applicant: \_\_\_\_\_ Date of submission: \_\_\_\_\_Day/\_\_\_\_\_Month/2018



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**GAES Staff Only**

Document submitted by  the applicant /  his/her representative

- Registration Form
- Photocopy of the valid Macao SAR Resident Identity Card (front and back)
- Photocopy of the valid student card (front and back)
- Photocopies of transcripts for the academic year 2017/2018 and previous academic years
- Letter of recommendation (if any)

Signature of GAES Staff: \_\_\_\_\_ Date: \_\_\_\_\_Day/\_\_\_\_\_Month/2018