



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

## “Delegation of Outstanding Macao Higher Education Students to the European Union and UNESCO” and “Study Tour to Cambridge” 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 access, correct, delete 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 “Delegation of Outstanding Macao Higher Education Students to the European Union and UNESCO” and “Study Tour to Cambridge” .
- 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. Activities to participate

(You can choose no more than 2 options by numbering them “1” and “2” to indicate your preference)

- Delegation of Outstanding Macao Higher Education Students to the European Union and UNESCO  
(June 22 to July 1, 2018)
- Study Tour to Cambridge (August 4 to August 19, 2018)



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III. **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: \_\_\_\_\_

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: (Seniors who attend bachelor programs lasting 4 years or longer may not register)

Year 1  Year 2  Year 3  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)



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IV. Curriculum Vitae

1 Social participation and experience:

1.1 Positions in societies (fill in four 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

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

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

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

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

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

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

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

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

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

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

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



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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): \_\_\_\_\_

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

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

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

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

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



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- 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: \_\_\_\_\_

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

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



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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

V. Others

How did you know about this series of activities?

<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 “Delegation of Outstanding Macao Higher Education Students to the European Union and UNESCO” or “Study Tour to Cambridge” ”.)

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

Expectations of participating in this activity and the proposal

Letter of recommendation (if any)

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