



澳門特別行政區政府  
Governo da Região Administrativa Especial de Macau  
高等教育局  
Direcção dos Serviços do Ensino Superior

## To Be and to Know Portuguese – Summer Course in Portugal 2019 Registration Form

### Personal Data Collection Statement

In accordance with relevant provisions of Law no. 8/2005 Personal Data Protection Law:

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 Bureau.
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 read and accepted the contents of the “Personal Data Collection Statement” and realized that the personal data provided is for the use of application for “To Be and to Know Portuguese – Summer Course in Portugal 2019” .
- ☐ 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 DSES (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 Date of birth: \_\_\_\_\_Day/\_\_\_\_\_Month/\_\_\_\_\_Year

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

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

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

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

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

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



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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 ☐Taiwan ☐Hong Kong ☐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)

Name of graduated secondary school: \_\_\_\_\_

Basic skills of Portuguese:

☐ Type 1 student: No basic knowledge of Portuguese Language (**Please fill in the box below**)

☐ Type 2 student: With A1 or higher level in Portuguese (**Please fill in the box below**)

Type 1 Students	Choose the class of the “Basic Portuguese Language Course” which you are able to attend. (You can choose one or more options, taking into account the period of the course that suits you) First Choice: <input type="checkbox"/> Lunar New Year Class <input type="checkbox"/> Easter Class <input type="checkbox"/> Summer Class Second Choice: <input type="checkbox"/> Lunar New Year Class <input type="checkbox"/> Easter Class <input type="checkbox"/> Summer Class Third Choice: <input type="checkbox"/> Lunar New Year Class <input type="checkbox"/> Easter Class <input type="checkbox"/> Summer Class
Type 1&2 Students	Choose the summer school which you are able to attend. (You can choose one or more options, taking into account the period of the course that suits you) First Choice: <input type="checkbox"/> Summer School in July <input type="checkbox"/> Summer School in August Second Choice: <input type="checkbox"/> Summer School in July <input type="checkbox"/> Summer School in August



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III. 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

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



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- 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): \_\_\_\_\_
- 3) Course Title : \_\_\_\_\_  
Organizer : \_\_\_\_\_  
Beginning date: \_\_\_\_\_ Day/ \_\_\_\_\_ Month/ \_\_\_\_\_ Year  
Ending date: \_\_\_\_\_ Day/ \_\_\_\_\_ Month/ \_\_\_\_\_ Year  
Level (if any): \_\_\_\_\_



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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 Letter of recommendation (if any):

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

IV. Additional Documents

1. Grounds and expectations of participating in this activity; see attachments [Total: \_\_\_\_ page(s)]
2. Supporting documents on the basic level of Portuguese (Applicable to Type 2 students) : see attachment(s) [Total: \_\_\_\_ page(s)]



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**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	
	(applicable to non- Macao SAR resident) <input type="checkbox"/> Passport <input type="checkbox"/> Travel Permit for Hong Kong and Macao SAR <input type="checkbox"/> Other _____	

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

**Contact:**

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

(Note: Please subject the enquiry email with “Summer Course in Portugal 2019”).

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/\_\_\_\_Year

**DSES 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 2018/2019 and previous academic years
- ☐ Supporting documents on the basic level of Portuguese (applicable to Type 2 students)
- ☐ Grounds and expectations of participating in this activity
- ☐ Letter of recommendation (if any)

Signature of DSES Staff: \_\_\_\_\_

Date: \_\_\_\_Day/\_\_\_\_Month/\_\_\_\_Year