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

"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 DSES.
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 understoodand 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 DSES (fill in three activities at most)

☐NO ☐YES 1. Activity name:_____ Year:_____

2. Activity name: _____ Year:_____

3. Activity name: _____ Year:_____

II. Actitivites 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 Jun 30, 2019)

☐ Study Tour to Cambridge (August 3 to August 18, 2019)

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 2018/2019: (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:_____

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

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):_____

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 :_____

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?

☐ Centre for Higher Education Students	☐ Newspaper	☐ Radio	☐ Poster	☐Bus	☐Apps
☐ DSES webpage	☐StudentBlog	☐ Facebook	☐ Wechat	☐ YouTube	☐Google
☐Recommended by： ☐ Parents		☐ Siblings	☐ Schoolmates	☐ Friends	☐ School
☐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
	☐ BIR	
	☐ Passaport ☐ 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@dses.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".)

Telefone: (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/2019

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 ☐ Expectations of participating in this activity and the proposal ☐ Letter of recommendation (if any) Signature of DSES Staff**:** _____ Date**:** _____Day/_____Month/2019