



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

Opportunities for Starting-up II - Delegation on Entrepreneurship
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 “Opportunities for Starting-up II - Delegation on Entrepreneurship” .
- ☐ 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. Activities to participate

(You can choose the following options by numbering them “1” and “2” to indicate your preference)

- ☐ 5 August, 2019 to 7 August, 2019
- ☐ 8 August, 2019 to 9 August, 2019
- ☐ 15 August, 2019 to 16 August, 2019

III. Personal information

Chinese name (on the ID card): _____

Foreign name (on the ID card): _____

Gender: ☐ Male ☐ Female Date of birth: _____ Day/_____ Month/_____ Year



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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: _____

Number of the Resident Identity Card: _____

Validity of the Resident Identity Card: _____ Day/_____Month/_____Year

Status: Current student Graduated

Location of the higher education institution you are attending:

☐ Macao ☐ Mainland China ☐ Other _____

Institution name : _____

Degree of Study: ☐ Bachelor ☐ Master ☐ Doctor ☐ Others _____

Name of the program you major in : _____

Number of Student Card: _____

Year of study in 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: _____

IV. Others

How did you know about this series of activities?

<input type="checkbox"/> Centre for Higher Education Students	<input type="checkbox"/> DSES webpage	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Poster	<input type="checkbox"/> Wechat	<input type="checkbox"/> Apps
<input type="checkbox"/> StudentBlog	<input type="checkbox"/> Facebook				
<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) :					



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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	
	<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@dses.gov.mo

(Note: Please subject the enquiry email with “Opportunities for Starting-up - Delegation on Entrepreneurship”).)

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/2019

DSES Staff Only

Document submitted by ☐ the applicant / ☐ his/her representative

☐ Registration Form

☐ Photocopy of the valid Resident Identity Card (front and back)

☐ Photocopy of the valid student card (front and back)

☐ Photocopies of the graduation certificate

Signature of DSES Staff: _____ Date: ____Day/____Month/2019