



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

**Enriched Life: A Series of Diversified Summer Activities for Macao Higher Education Students 2020
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 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 “Enriched Life: A Series of Diversified Summer Activities for Macao Higher Education Students 2020” .
- ☐ 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

Please fill in the blank by ✓

- ☐ Opportunities for Starting-up – Delegation on Entrepreneurship (You can choose no more than 3 options by numbering them “1”, “2” and “3” to indicate your preference) :
- () Group 1 (23-24/7/2020)
- () Group 2 (30/7/2020)
- () Group 3 (12-14/8/2020)



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

III. 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 - _____ (Area code) + _____

E-mail address: _____

WeChat ID: _____

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 Resident Identity Card: ☐ Permanent ☐ Non-permanent ☐ Other _____

Number of the Resident Identity Card: _____

Validity of the 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: _____

Type of Degree: ☐ Bachelor ☐ Master ☐ PhD ☐ Other

The grade in school year 2019/2020: (Please check the object requirements in each activity charter first)

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Other _____

Year estimated for the completion of the program: _____



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

IV. 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

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



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

- 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): _____

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): _____



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

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?

<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"/> Mobile's Apps
<input type="checkbox"/> DSES webpage	<input type="checkbox"/> StudentBlog	<input type="checkbox"/> Facebook	<input type="checkbox"/> Wechat	<input type="checkbox"/> YouTube	<input type="checkbox"/> Instagram
<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) :					



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

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 “Enriched Life: A Series of Diversified Summer Activities for Macao Higher Education Students 2020”.)

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/2020

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 transcripts for the academic year 2019/2020 and previous academic years (If applicable)
- ☐ Letter of recommendation (if any)

Signature of DSES Staff: _____ Date: ____Day/____Month/2020