



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 - 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 - 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)

- ☐ December 23, 2020
- ☐ December 22 to 23, 2020
- ☐ December 28 to 30, 2020

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

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 : \_\_\_\_\_

Year of study in 2020/2021: (for current students only)

☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Other \_\_\_\_\_

Number of Student Card: \_\_\_\_\_ (for current students only)

Year of graduation : \_\_\_\_\_ ( for graduated students only)

#### 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/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 the graduation certificate

Signature of DSES Staff: \_\_\_\_\_ Date: \_\_\_\_Day/\_\_\_\_Month/2020