



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

Military Experience Activity for Macao Higher Education Students

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 “Military Experience Activity for Macao Higher Education Students” .
- I have read the Regulations and Rules of this program and accepted all the arrangements, and confirmed to make the registration.

I. 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 _____



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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: _____

Type of Degree: Bachelor Master PhD Other

The grade in school year 2020/2021:

Year 1 Year 2 Year 3 Year 4 Other _____

Student ID card number: _____

Year estimated for the completion of the program: _____

Name of graduated secondary school: _____

II. 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"/> Wechat
<input type="checkbox"/> StudentBlog	<input type="checkbox"/> Facebook	<input type="checkbox"/> Instagram	<input type="checkbox"/> Mobile's Apps
<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) :			

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.



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Contact:

E-mail: studentblog@dses.gov.mo

(Note: Please subject the enquiry email with “Military Experience Activity for Macao Higher Education Students”.)

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)

Signature of DSES Staff: _____ Date: _____Day/_____Month/2020