

Organized by:

Sponsored by:



1 + 1 Science Tip-top Talent Scheme 2019/20 Application Form

Part A: Team Information

Team Member 1 (*Self-recommendation letter should be submitted separately)

I. Personal Information

Name:	(English)	Photo
	(Chinese)	
Date of Birth (dd/mm/yyyy):		
Sex:	Form:	
Tel No:	(Mobile) (Home)	
Email Address:		
Mailing Address:		

II. Science Awards or Scholarships Received

Date of Award	Name of Award/ Scholarship	Awarding Institution

III. Extra Curricular Activities Related to Science

Period (mm/yyyy)		Name of Organization	Position	Description of Duties
From	To			

Team Member 2 (*Self-recommendation letter should be submitted separately)

I. Personal Information

Name:	(English)	Photo			
	(Chinese)				
Date of Birth (dd/mm/yyyy):					
Sex:				Form:	
Tel No:	(Mobile)			(Home)	
Email Address:					
Mailing Address:					

II. Science Awards or Scholarships Received

Date of Award	Name of Award/ Scholarship	Awarding Institution

III. Extra Curricular Activities Related to Science

Period (mm/yyyy)		Name of Organization	Position	Description of Duties
From	To			

Part B: Particulars of School

School Name:	(English)	
	(Chinese)	
Teacher-in-charge:	(English)	(Chinese)
Teacher-in-charge's Tel No:	(Mobile)	(Office)
Teacher-in-charge's Email Address:		
School Address:		

Part C: Proposal Information (*Research proposal should be submitted separately)

Topic of Proposal:		
Language of Proposal:	<input type="checkbox"/> English	<input type="checkbox"/> Chinese
Types of Proposal:	<input type="checkbox"/> Invention	<input type="checkbox"/> Investigation
Has / Will the entry been / be submitted to other competitions or used on other occasions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please state the details of the competitions/ occasions:		
Has the entry won an award?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please state the name of awards :		

Part D: Declaration

1. We certify that all the information provided in this application is true and accurate to the best of our knowledge. In the event that any information is found untrue or inaccurate in future, the Organizer reserves the right to invalidate any application and require any payment made to be refunded.
2. We agree that information and personal data provided in this application form will be used and/or disclosed by the Organizer to relevant parties in order to process applications/nominations, to conduct selection interviews, or to monitor progress.
3. Your personal data will be used for the purposes related to the participation in different programmes and activities, the issuance of receipts, collecting user feedback, conducting analyses, and any other initiatives in relation to the aims and objectives of the Federation. You have the right to request access to and correction of your personal data. For inquiry or updating your personal data, please contact us at personaldata@hkfyg.org.hk.

We may send any news and information related to the HKFYG and its service units to you using the contact information you have provided. If you do not wish to receive the news and information related to the HKFYG and its service units, please check the box below.

We do not wish to receive any news and information related to the HKFYG and its service units.

Name of Team Member 1: _____ Signature of Team Member 1: _____
 Name of Team Member 2: _____ Signature of Team Member 2: _____
 Date: _____

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**Part E: (To be filled by School Principal)**

|                                                                                                                                             |             |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| I hereby nominate the student(s) _____ and _____ (Names of Team Members) to participate in the “1+1 Science Tip-top Talent Scheme 2019/20”. |             |
| _____                                                                                                                                       | _____       |
| Name and Signature of Principal                                                                                                             | School Chop |