

Application Form - Group Visit to DSD Facilities

Please read the Notes on Application and Personal Data Collection Statement before filling in this form.

DETAILS OF VISIT					
Location of Visit:					
Date and Time of Visit:	(1st Choice)	Date:		Time:	
(Please refer to the <u>Booking</u>	(2 nd Choice)	Date:	 	Time:	
Schedule)	(3 rd Choice)	Date:		Time:	
No. of Visitors (including		Grade (for S	tudent only)		
responsible staff):		/ Age:			
Medium of Instruction#:	☐ Cantonese	☐ Englis	h 🗆	Putonghua	
PARTICULARS OF APP	LICANT				
Name of Organization/ Scho	ool:		Post:		
Name of Applicant:			Gender#:	☐ Male ☐ Female	
Age of Applicant:	☐ 18 or above		Tel. No.:		
Email Address:			Fax No.:		
Mailing Address:					
PARTICULARS OF OFF	ICER-IN-CHARGE ON	VISIT DATE			
Name of Officer-in-charge:			Mobile No.:		
Remarks:					
Please return the completed visit. For enquiries, please c	Application Form by ema ontact our staff at 2594 70	073.	d.gov.hk) at lea	ast 2 weeks prior to the da	ate of
For Office Use Only					
Date Received:		_			
Reference No.:		_			
To Applicant: Your Application is Accepted	<u>Location</u>		<u>Date</u>	<u>Time</u>	
Not accepted	Reason:				
Name of Staff: Tel. No.			Date		