

## **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 <sup>nd</sup> Choice)	Date:		Time:	
Schedule)	(3 <sup>rd</sup> Choice)	Date:		Time:	
No. of Visitors (including		Grade (for St	udent only)		
responsible staff):		/ Age:			
Medium of Instruction#:	☐ Cantonese	□ Englisł	1 <u> </u>	Putonghua	
PARTICULARS OF APPLI	ICANT				
Name of Organization/ Schoo	1:		Post:		
Name of Applicant:			Gender#:	☐ Male [	☐ Female
Age of Applicant:	☐ 18 or above		Tel. No.:		□ SMS
Email Address:			Fax No.:		
Mailing Address:					
PARTICULARS OF OFFICE	CER-IN-CHARGE ON	VISIT DATE			
Name of Officer-in-charge:			Mobile No.:		
Remarks:					
Please return the completed A For enquiries, please contact of # Please put a "√" on the box	pplication Form by emai our staff at 2594 7073.		l.gov.hk) at lea	ast 2 weeks pr	ior to the date of visit
For Office Use Only					
Date Received:		-			
Reference No.:		-			
To Applicant: Your Application is  Accepted	<u>Location</u>		<u>Date</u>	<u>:</u>	<u>Time</u>
Not accepted F	Reason:				
Name of Staff: Tel. No.			Date		