

## 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: (Please refer to the <a href="#">Booking Schedule</a> )	(1 <sup>st</sup> Choice)	Date: _____	Time: _____
	(2 <sup>nd</sup> Choice)	Date: _____	Time: _____
	(3 <sup>rd</sup> Choice)	Date: _____	Time: _____
No. of Visitors (including responsible staff):		Grade (for Student only) / Age:	
Medium of Instruction <sup>#</sup> :	<input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/> Putonghua		
PARTICULARS OF APPLICANT			
Name of Organization/ School:		Post:	
Name of Applicant:		Gender <sup>#</sup> :	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age of Applicant:	<input type="checkbox"/> 18 or above	Tel. No.:	_____ <input type="checkbox"/> SMS
Email Address:		Fax No.:	
Mailing Address:			
PARTICULARS OF OFFICER-IN-CHARGE ON VISIT DATE			
Name of Officer-in-charge:		Mobile No.:	
Remarks: _____			

☐ I wish to receive the latest electronic newsletter and visiting information from DSD in the future.<sup>#</sup>

☐ I have read and agree the [Notes on Application and Personal Data Collection Statement](#) and I also declare that all information on this form is correct.

Please return the completed Application Form by email ([enquiry@dsd.gov.hk](mailto:enquiry@dsd.gov.hk)) at least 2 weeks prior to the date of visit. For enquiries, please contact our staff at 3965 8160.

*# Please put a "✓" on the box provided as appropriate.*

For Office Use Only

Date Received: \_\_\_\_\_

Reference No.: \_\_\_\_\_

To Applicant:

Your Application is

	<u>Location</u>	<u>Date</u>	<u>Time</u>
<input type="checkbox"/> Accepted	_____	_____	_____
<input type="checkbox"/> Not accepted	Reason: _____		

Name of Staff: \_\_\_\_\_

Date \_\_\_\_\_

Tel. No. \_\_\_\_\_