

中學生天文訓練計劃報名表

Application Form for Astronomical Training Programme for Secondary Students

(請以正楷填寫 Please complete in BLOCK letters)

學生姓名 (必須與身份證相同) Name of Student (Must be the same as shown on HKID card):

(中文) _____ (English) _____

年齡 Age : _____ 性別 Gender : 男 Male 女 Female 聯絡電話 Contact no. : _____

電郵地址 Email : _____

就讀學校 Name of School : _____ 就讀級別 Class level : 中四 Secondary 4
中五 Secondary 5

有否參與天文活動的經驗 Do you have any experience of participating in astronomical activities?

有 Yes / 沒有 No 如有, 請列明 If yes, please specify : _____

就讀學校是否已成立天文學會 Is there any astronomical society in your school?

是 Yes / 否 No

(續上題) 如有, 你是否學會會員/幹事會成員? (Follow up question) If yes, are you a member/
committee member of the society?

否 No / 會員 Member / 幹事會成員 Committee Member / 副主席或主席 Vice President or President

是否選修物理科 Are you taking Physics as an elective?

是 Yes / 否 No

請詳述為何想參加本計劃 (限三百字) Please explain in 450 words why you want to join this programme:

請將填妥的報名表格於9月30日或以前循以下途徑交回香港太空館：

(1)傳真至2367 8320

(2)電郵至 acoslib@lcsd.gov.hk

(3)郵寄或交回九龍尖沙咀梳士巴利道十號香港太空館學校節目組收（信封面請註明「中學生天文訓練計劃」）

(4)親自投遞表格至太空館活動表格收集箱

取錄名單將於10月21日或以前於香港太空館網站公布，獲取錄的同學需於指定日期前回覆是否確認參與計劃。

The completed form should be returned to the Hong Kong Space Museum on or before 30 September by:

(1)Fax to 2367 8320

(2)Email to acoslib@lcsd.gov.hk

(3)Mail to School Programme Unit, 10 Salisbury Road, Tsim Sha Tsui, Kowloon (Please mark "Astronomical Training Programme for Secondary Students" on the envelope)

(4)Drop into the "Application Form Collection Box" at the Space Museum

The application result will be released on the Space Museum's website on or before 21 October. Successful applicants are required to confirm their participation by the designated date.

1. 表格內容必須全部填妥，如有任何填漏或遲交，申請將不獲受理。

Please complete the entire form. Applications which are incomplete or late will not be considered.

2. 請在適當方格加“✓”。

Please tick “✓” the appropriate box.

3. 透過本表格所提供的個人資料只作安排本訓練計劃之用，並會存檔於本館作記錄。

The personal data collected in this form is used for the programme organised by the Hong Kong Space Museum. The data will be accessed and recorded only by staff of the museum.

4. 根據個人資料(私隱)條例第18及22條及附表1第6項原則的規定，你有權要求查閱及更改本表格所載的個人資料。如要提出有關要求，請致函香港九龍尖沙咀梳士巴利道十號香港太空館或致電2734 2711與本館學校節目組助理文書主任聯絡。

You have the rights to request access to and correct the personal data as stated in this form in accordance with Sections 18 and 22 and Principle 6 of Schedule 1 to the Personal data (Privacy) Ordinance. To make such request, please contact our staff at 2734 2711 or mail to the Hong Kong Space Museum, 10 Salisbury Road, Tsimshatsui, Kowloon, Hong Kong.

5. 此報名表格可自行複印使用。

This form may be duplicated for use.

簽署： _____

日期： _____