**“Care the Carers Campaign”**

**2024-25 Short Video Competition**

Registration Form

Participating Category：

（1）🞏 Primary and Secondary School - Students of Local Whole-day Primary or Secondary Schools

（2）🞏 Tertiary and Open -Hong Kong Residents/ Organisations/ Institutions/ Service Units

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| **（1）Primary and Secondary School Category -Individual Applicant/ 1st Applicant of the Group (Main Contact Person)** |
| Chinese Name of Applicant \*： |  |
| English Name of Applicant \*： |  |
| Phone Number of Applicant: |  |
| Name of Parent/ Guardian ^： |  |
| Phone Number of Parent/ Guardian ^： |  |
| Email Address： |  |
| Name of School： |  |
| Class/ Grade： |  |
| Name and Phone Number of the Teacher-in-charge (If applicable)： |  |

*\** *Chinese and English names should be identical to the Hong Kong Identity Card.*

***^*** *Minor applicants (i.e. people aged under 18 as at the submission deadline) must have the consent of their parents / guardians on the enrollment, terms and conditions and provide their phone number.*

For group enrolment, please provide the details of other group members:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **（1）Primary and Secondary School -Group enrolment** | 2nd  | 3rd | 4th | 5th | 6th |
| Chinese Name of Applicant\*： |  |  |  |  |  |
| English Name of Applicant\*： |  |  |  |  |  |
| Name of Parent/ Guardian ^： |  |  |  |  |  |
| Phone Number of Parent/ Guardian ^： |  |  |  |  |  |
| Class/ Grade： |  |  |  |  |  |

*\* Chinese and English names should be identical to the Hong Kong Identity Card.*

*^ Minor applicants (i.e. people aged under 18 as at the submission deadline) must have the consent of their parents/ guardians on the enrollment, terms and conditions and provide their phone number.*

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| --- |
| **（2）Tertiary and Open Category—Individual Applicant/ 1st Applicant of the Group (Main Contact Person)** |
| Chinese Name of Applicant\*： |  |
| English Name of Applicant\*： |  |
| Phone Number of Applicant： |  |
| Email Address： |  |
| Name of the Organisation/ Institution/ Service Unit of Applicant (If applicable) [Notes: Applicant must obtain consent of the Organisation/ Institution/ Service Unit]： |  |
| Only one team participating in the Competition from the Organisation/ Institution/ Service unit.  | 🞏Yes／🞏No (If No, please write the name of the 1st Applicant (i.e. the Main Contact Person) of other application under the same Organisation/ Institution/ Service unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| District of Organisation/ Institution/ Service unit participating in the Competition： | 🞏Central & Western　🞏Eastern 🞏Southern 🞏Wan Chai 🞏Kowloon City 🞏Yau Tsim Mong 🞏Sham Shui Po 🞏Wong Tai Sin 🞏Kwun Tong 🞏Tai Po 🞏Yuen Long 🞏Tuen Mun 🞏North 🞏Sai Kung 🞏Sha Tin 🞏Tsuen Wan 🞏Kwai Tsing 🞏Isands  |
| Age Group of Applicant ^： | 🞏Under 18, 🞏18-59, 🞏60 or above |
| Name of Parent/ Guardian (If applicable )^： |  |
| Phone Number of Parent/ Guardian (If applicable)^： |  |

*\*Chinese and English names should be identical to the Hong Kong Identity Card.*

*^ Minor applicants (i.e. people aged under 18 as at the submission deadline) must have the consent of their parents/ guardians on the enrollment, terms and conditions and provide their phone number.*

For group enrolment, please provide the details of other group members:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **（2）Tertiary and Open Category - Group enrolment** | 2nd | 3rd | 4th | 5th | 6th |
| Chinese Name of Applicant\*： |  |  |  |  |  |
| English Name of Applicant\*： |  |  |  |  |  |
| Phone Number of Applicant： |  |  |  |  |  |
| Age Group of Applicant^：(a)🞏under 18, (b)🞏18-59, (c)🞏60 or above | fill(a)-(c) | fill(a)-(c) | fill(a)-(c) | fill(a)-(c) | fill(a)-(c) |
| Name of Parent/ Guardian ***^***： |  |  |  |  |  |
| Phone Number of Parent/ Guardian ***^***： |  |  |  |  |  |

*\* Chinese and English names should be identical to the Hong Kong Identity Card.*

*^ Minor applicants (i.e. people aged under 18 as at the submission deadline) must have the consent of their parents/ guardians on the enrollment, terms and conditions and provide their phone number.*

**Notes：**

1. Please send the completed Registration Form to carerscampaign@swd.gov.hk for enrolment. Applicant will receive a confirmation email within 5 working days upon enrollment. If you do not receive the confirmation email within five working days, please contact the Community Care and Support Services Section of Elderly Branch of the Social Welfare Department at 2892 5586/ 2892 5406.
2. The Organiser will assume the first applicant of the group as the main contact person.

**For details about the Competition, please visit** https://www.swd.gov.hk/en/pubsvc/elderly/cat\_careersupp/short\_video\_comp/.

**Please tick "🗹” the following boxes for confirmation:**

🞏I/ We declare that the entry is original does not involve plagiarism.

🞏 I/ We understand and agree that all copyright and related rights of the entry belong to the Organiser.

🞏 I/ We understand and agree that the Organiser reserves the final right to use the entry.

🞏 I/ We have read the Competition terms and condition, understand and agree to comply with all terms and conditions of the Competition, and submit the Registration Form.

**Please submit the short video on or before 15 August 2024 (Thursday) according to the terms and conditions of the Competition.**