Hong Kong Paralympians Fund Employment Facilitating Grant for Retired Athletes with Disabilities (2025-28)

Application Form

The information you provide in this application form is the basis for assessing eligibility for the Employment Facilitating Grant for Retired Athletes with Disabilities of the Hong Kong Paralympians Fund (the Fund). **The Guidelines on Application of the Fund and its annexes should be read when completing this application form**. Application Form and Guidelines can be downloaded from the Social Welfare Department website (https://www.swd.gov.hk/en/pubsvc/rehab/cat fundtrustfinaid/hkpf/).

Please submit the completed form either by post (according to postmark) or by hand to the following address on or before 2 January 2025 (Thursday), 5:30pm. Late submissions or incomplete application form will NOT be considered.

The Secretariat, Hong Kong Paralympians Fund Rehabilitation and Medical Social Services Branch Social Welfare Department Unit 201, 2/F, THE HUB 23 Yip Kan Street Wong Chuk Hang, Hong Kong

Personal Particulars	Sports:	From(mm/yyyy)to(mm/yyyy)
Name (Chinese)		Name (English)
Hong Kong Identity Car	d Number	Nationality
Sex (Male/Female)#		Age
Date of birth (dd/mm/yy	yyy)	Place of birth
Home address		
Correspondence address	(if different fro	m home address)
Contact telephone numb	oer	

[#] Please delete as appropriate

(B) Record of Sporting Achievements

- > Provide information on three of your best performances in order of merit at international competitions in which you have competed from or after 2000 Paralympic Games.
- > Part I and/or II below must be completed with documentation supporting all your achievements (e.g. official results, press reviews, etc.).
- > Use a separate sheet if additional writing space is required.

I. Individual Results

Date	Name of Competition & Venue ^	Event (e.g. 100m, singles, etc.) ^	Results/ Position	No. of Entries for your Event	Type of Supporting Document [official result / press review / others (please specify)]

II. <u>Team Results</u> (The applicant as a member of the team)

Date	Name of Competition & Venue ^	Event (e.g. relay, doubles, etc.) ^	Results/ Position	No. of Entries for your Event	Name(s) of Team Member(s)	Type of Supporting Document [official result / press review / others (please specify)]

[^] Please provide both English and Chinese versions for record purpose.

(C) Record of Employment (the last 3 jobs)

Company	Job Title /	Income Per Month	From (dd/mm/yy)
Company	Nature	(\$)	To (dd/mm/yy)

(D) Prospective Employment/Vocational Training/Education Programme (to be completed by the Applicant) (please complete (i) or (ii) or both below)

(i) <u>Prospective employment</u>	
Name and address of the company / organisation:	
Nature of employment:	
Job title:Expected monthly salary (including grant from the Fund) (\$)(if ap	oplicable):
Expected period of employment [from (dd/mm/yyyy) to (dd/mm/y	уууу)]:
(please ask prospective employer to complete <u>Annex II</u>)	
, , , , , , , , , , , , , , , , , , ,	
(ii) Prospective vocational training/education programme	
(ii) Prospective vocational training/education programme	
(ii) Prospective vocational training/education programme Name and address of the organisation:	
(ii) Prospective vocational training/education programme Name and address of the organisation: Nature of vocational training/education programme:	
(ii) Prospective vocational training/education programme Name and address of the organisation: Nature of vocational training/education programme:	

^{*} Please delete as appropriate

E)	Reasons / Justifications for A	pplication for the Employm	ent Facilitating Grant
F)	Any Other Funding Support	for This Proposal	
	Funding sources	Amount per month (\$)	From (dd/mm/yy) To (dd/mm/yy)
G)	Any Other Allowance / Comprehensive Social Securi		Receiving Including the
	Name of allowa	nce / assistance	Amount per month (\$)

(H) Applicant's Declaration

(I)

	have provided in this application is true and correct. I			
understand that non-conformity with the prospective employment / vocational training/education programme as listed in part (D) above without valid reasons or				
training/ education programme as listed in part (D) above without valid reasons, or				
_	ent might result in cessation of funding and a refund in			
whole or in part of the payment				
Signature of applicant:	Date:			
Recommendation by the Coach				
to be completed by the Coachin				
Name of Coaching / ex-Coaching				
(English):				
Address:				
Day Time Contact Tel. No.:				
Ovalification				
	on listed in (J) below:			
Recommendation:	· /			
Signature:	Date:			
Please attach documentation / su	upplementary information where necessary.			

(J) Recommendation by the Sports / ex-Sports Organisation (to be completed and signed by a responsible official of the Sports / ex-Sports Organisation)

Name of Sports / ex-Sports Organisati	ion:		
Address:			
Recommendation:			
Signature:	Date:		
Name:			
Position:			_ `
Day Time Contact Tel. No.:			
Organisation Chop:		_	
Please attach documentation/supplem	entary inform	ation where necessary.	

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Retirement Plan of the Applicant

Please complete this form by the **sports organisation**, and attach it to the main application for submission.

Name of Applicant:	(English)	(Chinese)
Goal of Retirement Plan		
Plan of Action		
Implementation Schedule		
Alternative Plan (if any)		
Signatura	Data	
Signature:Name:		
Position at Sports Organisation:		
Day Time Contact Tel. No.:		
Email Address:		
Organisation Chop:		
Please attach documentation/suppl	lementary information where	necessary.

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Endorsement by the Prospective Employer

Please detach this form from the main application for completion by the prospective employer, and re-attach it to the main application for submission via the sports organisation.

Name of company / organisation:		
Address		
N. C. 1		(61.
Name of applicant:		
Nature of prospective employment:		
Job title:		
Expected monthly salary (including gra	nt from the Fund) (\$)(if applicable):	
Expected period of employment [from ((dd/mm/yyyy) to (dd/mm/yyyy)]:	
Expected working hours:		
Comments:		
	_	
Signature:		
Name:		
Position at the company / organisation:		
Day time contact tel. no.:		
Company / Organisation Chop:		
Please attach documentation/supplemen	ntary information where necessary.	