



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 Booking Schedule)	(1 st Choice)	Date: _____	Time: _____
	(2 nd Choice)	Date: _____	Time: _____
	(3 rd Choice)	Date: _____	Time: _____
No. of Visitors (including responsible staff):	_____	Grade (for Student only) / Age:	_____
Medium of Instruction#:	<input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/> Putonghua		
PARTICULARS OF APPLICANT			
Name of Organization/ School:	_____	Post:	_____
Name of Applicant:	_____	Gender#:	<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.#
- 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) at least 2 weeks prior to the date of visit. For enquiries, please contact our staff at 2594 7140.

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. _____