# The Hong Kong Award for Young People (HKAYP) Schools Operating Authority (SOA)

# **Application for Organising the School-based Adventurous Journey Training Course**

(\*Bronze / Silver / Gold Level)

(Revised in November 2025) (Separate Forms for Different Levels)

Name	e of School (User Unit)	:					
Addr	ess:						
Name	e of User Unit Chief Le	ader :					
Conta	act Number :		Email :				
Train	ing Descriptions :						
Durat	tion: Fro	om (dd/mm/yy)	to (dd/mm/yy)				
No. o	of Participants:						
	nturous Journey Instru ) Adventurous Journey	_	rticulars: (must be Registered Centra	l Registration Scheme			
1.	Name of Chief Instru	actor: $(*Mr/Ms)$					
	Contact Number:		(Day time)	(Mobile)			
	CRS Number:		Level of Attainment:	* Bronze / Silver / Gold			
2.	Name of Instructor:	(*Mr / Ms)		_			
	Contact Number:		(Day time)	(Mobile)			
	CRS Number:		Level of Attainment:	* Bronze / Silver / Gold			
3.	Name of Instructor:	(*Mr / Ms)		_			
	Contact Number:		(Day time)	(Mobile)  * Bronze / Silver / Gold			
	CRS Number:		Level of Attainment:				
se m	et out in the " <u>Guideli</u>	nes on Outdoor A at and appropriate		n Bureau, including the			
	Signature of Principal	:					
	Name of Principal:						
	Date:						
	elete as appropriate se attach additional sheet						
FO	R SOA OFFICIAL US						
App	olication Approved / No	t Approved.	SOA Officer:	(Signature)			
Date	e:			(Name)			

### **Submission Methods and Important Notes**

- 1. Applications will be processed only for participants who are currently studying in the schools of the User Units under SOA.
- 2. Before the course starts, please submit Appendix 1 (Student particulars) to the SOA Head Office via email via email or Electronic Form Submission System. If the information is not submitted on time, we will not be able to process the relevant application, which may result in a delay or cancellation of the course.
- 3. Within one month after completion of the course, please submit the completed Appendixes 1 and 2 (Adventurous Journey Instructors' attendance sheet) to the SOA Head Office via email or Electronic Form Submission System for follow-up purposes.

Email: casss11@edb.gov.hk

Electronic Form Upload to the Electronic Form Submission System in PDF format

Submission System: (<a href="https://eformss.edb.gov.hk">https://eformss.edb.gov.hk</a> > E-FORMS APPLICATION >

105. Submitting Document(s) to the EDB > AYP 011

Application for Organising the School-based Adventurous Journey

Training Course (Bronze / Silver / Gold Level))

#### **Personal Information Collection Statement**

- 1. The personal data provided by you in this form will be used by Education Bureau (EDB) for one or more of the following purposes:
  - (a) Activities relating to the processing, authentication and assessment on eligibility and counterchecking of the application for individual grant and subsidy as well as education service provided by EDB;
  - (b) Activities relating to matching of the personal data with the database of other relevant Government bureaux / departments in connection with the processing, authentication, assessment on eligibility and counter-checking of the application mentioned in (a) above;
  - (c) Activities relating to matching of the personal data within the database of EDB for purposes of verifying / updating records of EDB; and
  - (d) Activities relating to compilation of statistics, research and Government publications.
- 2. The provision of personal data required by this form and during the processing of this form is obligatory. In the event that you do not provide those personal data, we may not be able to handle or further process the application.
- 3. The personal data you provide will be made available to persons working in EDB. Apart from this, they may be transferred or disclosed to the parties or in the circumstances listed below:-
  - (a) other Government bureau and departments for the purposes mentioned in paragraph 1 above;
  - (b) the school and organisations, including the Hong Kong Award for Young People, in which the form relates for the purposes mentioned in paragraph 1 above;
  - (c) personnel, agent, service provider or organisations engaged by EDB to provide services or advice for purposes mentioned in paragraph 1 above;
  - (d) where you have given your prescribed consent to such disclosure; and
  - (e) where such disclosure is authorised or required under the law or court order applicable to Hong Kong.
- 4. You have the right to request access to and correction of your personal data held by EDB. Request for access or correction of personal data in this form should be made in writing to Clerical Assistant (Student Special Support) at Student Special Support Section, Education Bureau, Room 1141, 11/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong or email to casss11@edb.gov.hk.

Form AYP011 - Appendix I

## The Hong Kong Award for Young People Schools Operating Authority Student Particulars

Name of School (User Unit) :			Dur	ration (Month/Year)	From /	to /				
Name	e of the Course	:	Nar	Name of the Chief Instructor :						
	A. Name of student	B. Date of birth (dd/mm/yy)	C. Level	D. Completion of Practice Journey	E. Completion of Assessment Journey	F. Assessor's endorsement				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
				School Chop						
Signa	ture of Principal :			1						
Name	e of Principal:									
Date	:									

#### **Note:**

- 1. Before the course starts, please submit the completed information of columns A to C to the SOA Head Office for checking of student particulars. If the information is not submitted on time, SOA will not be able to process the relevant application, which may result in a delay or suspension of the course.
- 2. Within a month after completion of the course, please submit the completed information of columns D to F to the SOA Head Office for follow-up and record.

# The Hong Kong Award for Young People Schools Operating Authority Attendance Sheet of Adventurous Journey Instructors

Name of School (User Unit)  Name of the Course  :												
Name of Instructor	CRS Number	Lecture (Date)				J			Fieldwork (Date)			
User Unit confirm	ned the above	attendance re	cords for i	nstructors.								
					Scho	ool Chop						
Signature of Princ				_								
Name of Principal	l:											
Date:												
Note:												

Within a month after completion of the course, please submit the completed form to the SOA Head Office for record.