The Chinese University of Hong Kong

Office of Student Affairs

Student Disability Support Services

**uShine SEN Service Team**

**Application Form**

**A. Personal Particulars:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: (English) | |  | | | | | | | | | (Chinese) |  | | | | Gender: M / F \* | |
| Student ID: |  | | | | | | | | Current studies: Undergraduate / Postgraduate \* | | | | | | | | |
| Student Status: | | | Local / Mainland / International \* | | | | | | | | College: |  | | Faculty: | | |  |
| Department: |  | | | | Year of Study: | | |  | | | Expected year of Graduation: | | | | | |  |
| Contact Phone No.: | | | |  | | | E-mail: | | | |  | | | | | | |
| GPA in the last two terms (if applicable): | | | | | |  | | | | (Term\_\_, year\_\_\_\_\_) | | |  | | (Term\_\_, year\_\_\_\_) | | |

\*Delete as appropriate.

**B. Voluntary Service Experiences:** (Most recent experience first)

|  |  |  |
| --- | --- | --- |
| Period (MM/YYYY – MM/YYYY) | Name of Organization / Programme | Nature of Voluntary Service |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please supply supplementary sheet if necessary.

**C. IT Proficiency:** (Please “🗸” in appropriate boxes)

🞎 MS Office 🞎 Optical Character Recognition (OCR) 🞎 Chinese Character typing (\_\_\_\_\_\_WPM)

🞎 Other IT skills (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

**D. Available Time for Interview:**

Applicants may be invited to attend selection interview. Please “🗸” in appropriate boxes below to indicate your availability.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tue | Wed | Thu | Fri |
| 9am-10am |  |  |  |  |  |
| 11am-12nn |  |  |  |  |  |
| 12nn-1pm |  |  |  |  |  |
| 2pm-3pm |  |  |  |  |  |
| 3pm-4pm |  |  |  |  |  |
| 4pm-5pm |  |  |  |  |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note:*

We will contact you within 7 working days upon receipt of your application. Please contact Miss Jasvinda Ng, the Disability Services Manager (Tel: 3943 4766, e-mail: [sdss@cuhk.edu.hk](mailto:sdss@cuhk.edu.hk)) for enquiries about the Team and the application.

August 2015