## The Chinese University of Hong Kong Office of Student Affairs Student Disability Support Services

## uShine SEN Service Team Application Form

A. Personal Parti	<u>culars:</u>			
Name: (English)		(	Chinese)	Gender: M / F
Student ID:		Curre	nt studies:	Undergraduate / Postgraduate *
Student Status:	Local / Mainland / Internatio	nal * C	College:	Faculty:
Department:	Year of Study:	Е	xpected ye	ear of Graduation:
Contact Phone No.		-mail:	-	
GPA in the last two *Delete as appropriate.		(Term_		(Term, year
B. Voluntary Ser	vice Experiences: (Most re	ecent exper	ience first	t)
Period (MM/YYYY MM/YYYY)	Name of Organization / Pro	ogramme	Nature of	Voluntary Service
,				
Please supply supplem	entary sheet if necessary.			
C. IT Proficiency	: (Please "√" in appropria	te boxes)		
□ MS Office □	Optical Character Recognition	on (OCR)		Character typing (WPM)
☐ Other IT skills (	Please specify:			
D. <u>Available Tim</u> Applicants may be		nterview. Pl	ease "√" iı	n appropriate boxes below to
indicate your avail			T	
9am-10am	n Tue	Wed	Thu	Fri
11am-12nn				
12nn-1pm				
2pm-3pm				
3pm-4pm				
4pm-5pm				

## 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: <a href="mailto:sdss@cuhk.edu.hk">sdss@cuhk.edu.hk</a>) for enquiries about the Team and the application.