



个人 Individuals

如果您想为病人名册的公众教育或罕见病患者团体作出贡献，欢迎您加入我们的NRND行动团队。请填写PDF并透过电子邮件/传真/邮寄发送给我们。我们将尽快与您联系。If you are interested in promoting the importance of patient registry and or contributing to develop a caring society for the rare diseases patients group, you are welcomed to join our NRND Action team. Please help fill out this PDF form and email/ fax/ mail us at your convenience. We will contact you as soon as possible.

姓名 Name: _____ (中) _____ (Eng) 性别 Gender: _____

年龄 Age : ☐ 18 岁以下 Under 18 ☐ 18-29 ☐ 30-49 ☐ 50-65 ☐ 65 岁以上 Over 65

现况 Status: ☐ 就业 Employed ☐ 学生 Student ☐ 其他 Others

地址 Address: _____

电话 Phone: _____ 电邮 Email: _____

首选联系方式 Preferred method of contact: ☐ 致电 Phone call ☐ 短讯 Text ☐ 电邮 Email

期限 Duration

☐ 长期 (三个月或以上) Long Term (3 months or above) ☐ 短期 (一至三个月) Short Term (1 to 3 Months)

☐ 一次性 One-off ☐ 其他 (请说明) Others (Please specify) : _____

你感到有兴趣投身的工作范围 Interested Area(s):

☐ 策划活动 Event Planning ☐ 宣传活动 Event Promotion ☐ 主持活动 Event Hosting ☐ 撰写文稿 Copywriting

☐ 电脑工作 Computer Work ☐ 推广及宣传工作 Marketing and Communications ☐ 翻译 Translation

☐ 艺术设计工作 Art/Graphic Design Work ☐ 短片拍摄/硬照拍摄工作 Filming/Photography

☐ 其他 (请说明) Others (Please specify) : _____

可提供服务的时间 Availability:

| 周一 Mon | 周二 Tues | 周三 Wed | 周四 Thurs | 周五 Fri | 周六 Sat | 周日 Sun |
|--------|---------|--------|----------|--------|--------|--------|
| | | | | | | |

☐ 开始及完结日期 Preferred Starting & End Date 由 From : _____ 至 To: _____

申请人签署 Signature of the applicant

日期 Date

如你的年龄未满十八岁，请先取得你的家长或监护人同意及签核，以表示同意你登记成为义工。If you are under 18 years old, please obtain the consent of your parents or guardian and his / her signature for your registration as a volunteer.

| | |
|---|---------|
| 家长或监护人签署 Signature of parents/ guardian | 日期 Date |
| <div></div> | |

填写申请表格后，请传真/电邮/邮寄给我们。After completing the application form, please email /fax /mail back to us.

| | | |
|--|-------------------------------|-------------------------|
| 电邮 Email: lifesciences@cuhk.edu.hk | 电话 Phone No.: (852) 3943 6122 | 传真 Fax: (852) 2603 5646 |
| 地址 Address: | | |
| 香港 新界 沙田 香港中文大学 生命科学学院 | | |
| School of Life Sciences, | | |
| The Chinese University of Hong Kong, | | |
| Shatin, NT, Hong Kong SAR, | | |
| The People's Republic of China | | |

收集及使用个人资料政策

收集及使用个人资料

阁下在捐款表格所提供的个人资料(包括姓名、联络资料及其他纪录)将用作与义工申请有关的 各种目的，包括纪录及呈报 香港中文大学有关部门。倘若得到 阁下同意，中大生命科学学院亦可以向 阁下进行筹募推广或宣传本校的活动。

查阅及更改个人资料

阁下有权要求查阅及更改提供予本中大生命科学学院的个人资料。如 阁下欲行使这项权利，请透过邮寄或电邮 lifesciences@cuhk.edu.hk 提出。

Collection and Use of Personal Data Policy

Collection and Use of Personal Data

Your personal data including your name, contact information and other information provided in this form will be used for the purpose of record keeping and reporting to the concerned units of The Chinese University of Hong Kong. With your consent, your personal data may also be used by School of Life Sciences, CUHK for direct marketing purposes relating to solicitation of donations and/or promotion of activities of the University.

Personal Information Access and Correction

You have the right to request access to and (if appropriate) correction of personal data held by the department. If you wish to exercise this right, please email to lifesciences@cuhk.edu.hk or write to us.