



The Department of Cultural and Religious Studies
THE CHINESE UNIVERSITY OF HONG KONG
RELS5333 Field Studies in Religious Culture
2017-18

Application Form

Please fill in English and Block Letters

PERSONAL DETAILS

Name: (Family name) _____ (Given name) _____

Chinese Name: (姓) _____ (名) _____

*Exact as in passport to be used 姓名須與護照相同

Student No.: _____

Sex: M / F

Date of Birth: _____

Place of Birth: _____

Nationality: _____

HKID No: _____ Permanent Non-Permanent

Telephone No: _____

E-mail: _____

Address: _____

Travel Document: HKSAR 特區護照 BNO DI 香港簽證身份書

Others (Please Specify) _____

Application or Renewal in progress 申請/續期中

*Collection Date 領取護照日期 ____ (DD)/ ____ (MM)/ ____ (YY)

Passport No: _____

Expire Date: ____ (DD)/ ____ (MM)/ ____ (YY)

For passport renewal or application, please kindly attached ID copy for reference; If the English full name is exactly the same as on the ID, please state clearly on the ID copy "I, XXX declare that my English full name shown on my passport is exactly the same as that shown on my Hong Kong Identity Card" and sign.

申請/續期中人士，請附上身分證副本；如旅遊證件上之英文姓名與身分證上完全一樣，請於身分證副本上寫上”本人 XXX 旅遊證件上之英文全名與身分證上的英文全名完全一樣，請按照身分證上之英文全名出機票”，並簽署作實。



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MEDICAL, DIETARY AND ALLERGIES INFORMATION

(*Medical prove could be required 可能要求閣下出示醫生證明)

1. Do you have any medical conditions? 有否任何健康問題?

NO YES, please specify 如有，請註明： _____

2. Special dietary 特別膳食要求：

Vegetarian 素食

No Beef 不吃牛肉

Other, please specify 其它，請註明： _____

3. Do you have any allergies? 有否任何敏感?

NO YES, please specify 如有，請註明： _____

4. Please state if you are currently suffering from any illnesses? 有否任何長期健康問題?

Allergic Rhinitis 鼻敏感

Asthma 哮喘

G6PD Deficiency 蠶豆症 / 紅血球內 G6PD 缺乏症

Other, please specify 其它，請註明： _____

5. Please specify if you are under treatments or medication? 是否正接受治療及使用藥物?

NO YES, please specify 如有，請註明： _____

Remarks 備註

Prohibited activities 限制活動：

Others information 補充資料：



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EMERGENCY CONTACT INFORMATION

Please fill in the contact information of at least two people whom the Department of Cultural and Religious Studies may contact in case of emergency.

Student name: _____ **ID No.:** _____
Student No.: _____

Emergency Contact (1)

Name: _____ **(in English)**
Relationship to student: _____
Address: _____

Telephone no.: _____ **(Home)** / _____ **(Mobile)**
Email address: _____

Emergency Contact (2)

Name: _____ **(in English)**
Relationship to student: _____
Address: _____

Telephone no.: _____ **(Home)** / _____ **(Mobile)**
Email address: _____

I, (Name) _____, have obtained consent from the above people to release their contact information to the Department of Cultural and Religious Studies, CUHK.

Signature of Student

Date



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CONSENT

I understand that should I fail to honor this application, the Department of Cultural and Religious Studies (CRS) reserves the right to cancel my participation, and she may impose a penalty on my future department activities application(s), including the scholarship applications. The Programme Director of MARS under the advice of the department will have the final decision on any case of any doubts.

I hereby give consent for the participation of the Field Trip organized by CRS. In the case of a medical emergency or injury, I authorize the tour leader to seek proper treatment, including the administering of prescribed medication and or other treatment deemed necessary by a qualified medical practitioner. In addition, I authorize tour leader to withdraw and/or access the medical records for travel insurance reference. I understand that all medical costs are to be borne by myself at the time of treatment. To the best of my knowledge, I am in good health and able to participate in the programme held by CRS. If I become exposed to any infectious disease less than 2 weeks prior to departure, I understand that CRS must be informed immediately.

PRIVACY OF INFORMATION

1. All data collected shall be used by CRS in the ordinary course of providing travel and related services to the student will be kept confidential, but may be transferred to relevant agents/ tour operators, airlines and related service providers for the above-mentioned purpose. Students have the right to access and correct the relevant data. Request for access or correction could be addressed to CRS.
2. Full and frank disclosure is a must.

ENROLMENT

Please complete this application form and submit the following items to the General Office of the Department of Cultural and Religious Studies (Room 301, Leung Kau Kui Building) on or before 24 November 2017(Friday), 12:00 noon.

- Completed application form
- Copy of passport and Identity Card
- Copy of Visa

Student's Signature : _____

Student's Name : _____

IN BLOCK LETTERS

Date: _____