

**Sir Edward Youde Memorial Awards  
for Disabled Students 2011/12**

**Nomination Form  
(for post-secondary/tertiary students)**

This Nomination Form should be forwarded by the institution to the Secretary, Sir Edward Youde Memorial Fund Council, Room 1217, 12/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon, Hong Kong by **7 October 2011**.

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**PART I (to be completed by candidate)**

**(A) Personal Data**

1. Name in English (Mr/Mrs/Miss/Ms\*) : \_\_\_\_\_  
(in Block Letters as shown on HKID Card)  
Name in Chinese (if applicable) : \_\_\_\_\_
2. Hong Kong Identity Card No. (Copy of which should be attached) : \_\_\_\_\_
3. Date of birth: \_\_\_\_\_ 4. Place of birth : \_\_\_\_\_
5. Years of residence in Hong Kong (as at 1.9.2011) : \_\_\_\_\_ 6. Nationality : \_\_\_\_\_
7. Home Tel. No.: \_\_\_\_\_ 8. Day-time Contact Tel. No. / Mobile Phone No. : \_\_\_\_\_
9. Email Address : \_\_\_\_\_
10. Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_
11. Residential Address (if not the same as in item 10 above) : \_\_\_\_\_  
\_\_\_\_\_
12. Type of special educational needs<sup>1</sup>: \_\_\_\_\_
13. Seriousness of special educational needs (please attach the most recent medical report and supporting document such as approval letter for disability allowance):  
\_\_\_\_\_

\* Delete as appropriate

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<sup>1</sup> Students with special educational needs include those having physical disabilities, visual impairment, hearing impairment, speech and language impairment, attention deficit/hyperactivity disorders, specific learning difficulties, autism spectrum disorders and/or intellectual disabilities.

**(B) Details of Course**

1. Institution : \_\_\_\_\_
2. Faculty/Division/Department\* : \_\_\_\_\_
3. Degree/Diploma/Certificate\* being pursued : \_\_\_\_\_  
\_\_\_\_\_
4. Subjects/Field of study\* : \_\_\_\_\_
5. Year of study : \_\_\_\_\_
6. Examination results and/or reports of the candidate in previous year's school work<sup>†</sup>.  
(Use additional sheets if necessary and duly sign on each page)  
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<sup>†</sup> **Copies of supporting document(s), such as certificates / result slips / transcripts should be attached**

\* Delete as appropriate

**(C) Particulars of Personal/Study Aids Needed** (Use additional sheets if necessary)

(The following item(s) should not be bought prior to submission of application and announcement of result)

Personal/Study aid (number the items in order of priority)	Estimated cost (with two quotations <sup>#</sup> )	Clearly describe how the item can assist your studies and whether it is bought for replacement of the existing one with specification on the year of acquisition	Personal/Study aid(s) previously awarded by the SEYMF & the approved amount(s)

# Please attach **two** quotations for each of the above items (**one** in the case of standard computer equipment and accessories) for the Council's reference.

**(D) Declaration by Candidate**

I, \_\_\_\_\_, declare that the statements made in  
( Full name of candidate )

Sections (A), (B) and (C) above are true, complete and correct.

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

Signature : \_\_\_\_\_

**PART II** (to be completed by Dean of Faculty/Head of Division/Department)

Please note that the candidate has the right of access to the assessment provided by you in accordance with the provisions of the Personal Data (Privacy) Ordinance.

**Confidential Report on the Candidate**

Please provide a report on the candidate in support of your nomination with reference to:-

- (a) internal/public examination results and/or academic results of the candidate in previous year's school work;
- (b) personal qualities and potentials; and
- (c) any special considerations which have led to the candidate's nomination.

(Use additional sheets if necessary and duly sign on each page)

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

Name : Prof./Dr/Mr/Mrs/Miss/Ms\* \_\_\_\_\_

Position : \_\_\_\_\_

Faculty/Division/Department\* : \_\_\_\_\_

Institution : \_\_\_\_\_

\* Delete as appropriate

**Part III** (to be completed by Head of Institution or his/her representative)

**Recommendation**

I recommend Mr/Mrs/Miss/Ms\* \_\_\_\_\_ as a candidate for the Award for Disabled Students to be offered by the Sir Edward Youde Memorial Fund Council in 2011/12. I confirm that the particulars stated in this form are correct to the best of my belief.

I also certify that the candidate is undertaking a UGC-funded / publicly-funded\* programme.

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Position : \_\_\_\_\_

Institution : \_\_\_\_\_

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

\* Delete as appropriate