(Programme:      )

[**Privacy Policy Statement**](http://intra.vtc.edu.hk/policy/VTCpps.html): **The information collected in this application form will be used for activities related to the industrial attachment scheme. The VTC undertakes to keep the personal data provided by applicants confidential. However, VTC may provide such information to any other person or agent for processing and conduction of the industrial attachment scheme under a duty of confidentiality to VTC. The application form will normally be disposed of no later than one year after completion of the industrial attachment scheme.**

**Instructions:**

1. Read carefully before completing.
2. Print clearly in **BLOCK CAPITALS** in the spaces provided (do not write).
3. Use a **black** pen (no pencils or coloured ink).
4. Please provide accurate and complete information (update as required).

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| **Applicant's Information:** |
| *Course Code/Title:*       / | |
| *Year/Level of Study/Class:* | *Department/Campus:* |
| *Name:* | *Student No.* |

|  |  |
| --- | --- |
| **Medical Information:**  List any medical conditions or disabilities which could affect choice of work attachment placement: | |
| ❑ Allergies: | *❑ Prescription drugs:* |
| ❑ Physical limitations: | *❑ Other:* |

|  |  |
| --- | --- |
| **In case of emergency, contact:**  *Name:* | |
| Relationship to Student: | *Home Tel:*  *Mobile Tel:* |
| Place of Work: | *Work Tel:* |
| *Doctor:* | *Tel:* |

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| **Signed Acknowledgements:** |
| *I have completed all information accurately and completely to the best of my knowledge.*   |  |  | | --- | --- | |  | ***July 11, 2014*** | | *Student’s Signature* | *Date* | |

*Please return this completed form to* ***your Departmental IA Coordinator*** *by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*