**Please return this completed form by email (**[**rwmwong@vtc.edu.hk**](mailto:rwmwong@vtc.edu.hk)**) or fax (Fax No.: 2556 9190)**

**to**

**Mr. Raymond WONG, Project Officer, IT Discipline Planning Office,**

**Hong Kong Institute of Vocational Education**

**(Phone No.: 2595 2551)**

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| **Workplace Attachment Scheme Registration Form**  *(to be completed by Organization: Company, School, Association, etc.)* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Part A: Details of Participating Organization** | | | | | | | | | | | | | | | | | |
| Organization Name : | | | (Chinese) | | | | | | | | | (English) | | | | | |
| Address: | | |  | | | | | | | | | | | | | | |
| Nature of Business: | | |  | | | | | | | | | Business Registration Certificate No.: | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Part B: Details of Contact Person** | | | | | | | | | | | | | | | | | |
| Name (Dr/Mr/Ms/Miss/Mrs): | | |  | | | | Position: | | | |  | | | | | | |
| Tel. No. : | | |  | | Fax No.: | |  | | | | | | E-mail Address: | | |  | |
|  | | | | | | | | | | | | | | | | | |
| **Part C: Details of Attachment Places** | | | | | | | | | | | | | | | | | |
| Job Title: |  | | | | | No. of Places: | | | |  | | | | Department: | |  | |
| Job Description: |  | | | | | | | | | | | | | | | | |
| (i) Particular / Specialized Skills Required: | | | | | | | | | | | | | | | | | |
| (ii) Language Requirements  (Please mark with a “√“ ) | | | | (a) Cantonese  Fair [ ] Fluent [ ] | | | | | (b) English  Fair [ ] Fluent [ ] | | | | | | (c) Putonghua  Fair [ ] Fluent [ ] | | |
| (iii) Disciplines of Students Preferred: | | | | | | | | | | | | | | | | | |
| (iv) Others (Please specify additional requirements): | | | | | | | | | | | | | | | | | |
| Attachment Period : | | Expected Start Date (D/M/Y) : | | | | | | Expected Finish date (D/M/Y) : | | | | | | | | | No. of Hours per Day: |
| Working Day(s) per Week - (Basis: \*): | | | | | | | | Working Hours : From       \* To        \* | | | | | | | | | |
| Shift Duty : \* | | | | | | | | For Attachment Outside Hong Kong: ()\*  where S : Station outside Hong Kong / D : Daily Travel /  O: Occasional / NA : Not Applicable | | | | | | | | | |
| Travelling Allowance per Month : | | | | | | | | Overtime Allowance (if any) : | | | | | | | | | |
| Address of Work Place (If different from the office address shown above): | | | | | | | | | | | | | | | | | |

*\* delete as appropriate*

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| --- | --- | --- | --- | --- |
|  |  |  |  | July 11, 2014 |
| Organization Chop |  | Name & Signature of Organization Representative |  | Date |