

**Outstanding Registered Electrical Worker Awards Scheme 2017  
Enrolment Form**

**Part 1 – Particulars of Participant (The participant must be a registered electrical worker in Hong Kong)**

Category (mandatory field):     Individual     Team    (Please ✓ as appropriate to indicate your category)

**Individual Category**

Name: \_\_\_\_\_ (Chinese) \_\_\_\_\_ (English)

Registration no.: \_\_\_\_\_ Grade##: A / B / C / H / R    Length of electrical work experience: \_\_\_\_\_

Name of current employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address of current employer: \_\_\_\_\_

**Team Category**

Name of the Team (mandatory field):  
\_\_\_\_\_ (Chinese) \_\_\_\_\_ (English)

Names of Team Members: \_\_\_\_\_ Members will attend the following stages of testing#:

(1) _____ (Chinese) _____ (English)	<input type="checkbox"/> (First)	<input type="checkbox"/> (Second)	<input type="checkbox"/> (Third)
(2) _____ (Chinese) _____ (English)	<input type="checkbox"/> (First)	<input type="checkbox"/> (Second)	<input type="checkbox"/> (Third)
(3) _____ (Chinese) _____ (English)	<input type="checkbox"/> (First)	<input type="checkbox"/> (Second)	<input type="checkbox"/> (Third)

# (1) Please ✓ as appropriate. (2) Please visit the website of EMSD for details of the stages of testing. (3) Participating teams can, at any time during the selection, notify the organising committee in writing of any change in their representative members in the testing. If any of the members has never participated in any stages of testing, the member concerned will automatically be excluded from the team list.

Members' Registration No.:

(1) _____	Grade##: A / B / C / H / R	Position: _____
(2) _____	Grade##: A / B / C / H / R	Position: _____
(3) _____	Grade##: A / B / C / H / R	Position: _____

## Please circle the respective registered grade

Length of electrical work experience of each member: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Name of current employer\*: \_\_\_\_\_

Address of current employer\*: \_\_\_\_\_

\* If the members of a team under the "Team Category" come from different employers, please use additional sheets to provide information on the name and address of the current employer of each member. Besides, a proof of employment issued by each member's current employer is required to be attached to the enrolment form to confirm his/her employment with that employer.

**Particulars of Individual Participant/ Contact Person of the Team (mandatory field):**

Name: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax no.: \_\_\_\_\_

**Part 2 – Declaration**

I hereby certify that the above information is true and correct, and agree to observe all the rules of the Scheme. In case of disputes, the decision of the Organiser will be final and binding on all participants.

\_\_\_\_\_  
Signature of the Individual Participant/ Representative of the Team

\_\_\_\_\_  
Date

**Part 3 – Referee**

The referee should normally be a supervisor or a working partner of the participant/team members, who should be familiar with the daily work performance of the participant/team members. The adjudication panel will make reference to the comment from the referee during assessment.

Name: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

Name of current employer: \_\_\_\_\_ Position: \_\_\_\_\_

Relationship with participant/team members: \_\_\_\_\_ How long have you known the participant/team members: \_\_\_\_\_

Comment on participant's/team members' performance: \_\_\_\_\_

(Use additional sheets if space is not enough)

Remarks: The personal data collected will only be used for the purposes related to the "Outstanding Registered Electrical Worker Awards Scheme 2017" and will be destroyed after the selection. Participants should contact the organising committee of the Scheme if they wish to access or correct their personal data (Telephone no: 2808 3438).