

**The Hong Kong Award for Young People
Expeditions Section Panel
Expeditions Instructor Central Registration Scheme (CRS)**

Application Form

New Instructor Registration
 Re-Registration
 Up-grade Registration
 Registration under Special Circumstances
(Please ✓ in the appropriate box)

【Personal Particulars】		
Name : (First Name) _____ (Family Name) _____		
Date of Birth : _____ Sex : _____ HK ID Card No. : _____		
Operating Authority : _____		
CRS Registration No. (if applicable) : _____ Level : _____		
Correspondence Address : _____ _____		
Telephone : (Res.) _____ (Off.) _____ (Mobile) _____		
E-mail Address : _____		

【New Instructor Registration】 Please input : Reg. No. of Instructor Training Course : _____	【Up-Grade Registration】 Please input : Level : From _____ Level to _____ Level Date of Up-grading placement : _____
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【Re-Registration】 Please input :	
More than 10 hours of Expeditions services has been provided during the tenure of registration :	<input type="checkbox"/> YES <input type="checkbox"/> NO (Around _____ Hours)
More than 5 hours of Self advancement training has been attended during the tenure of registration :	<input type="checkbox"/> YES <input type="checkbox"/> NO (Around _____ Hours)
The aggregate of Expeditions services and Self advancement training exceed 30 hours during the tenure of registration :	<input type="checkbox"/> YES <input type="checkbox"/> NO

【Registration under Special Circumstances】
Date of Briefing Session Joined : _____ Reasons for special considerations : _____ _____

【Service to Other OAs/UUs】
I <input type="checkbox"/> am willing to offer service to other OAs/UUs, CRU may disclose my contact to related OAs/UUs if necessary.
<input type="checkbox"/> am NOT willing to offer service to other OAs/UUs.

【Other Particulars】 (FREE to input, for CRU to arrange referral of instructors to other OAs/UUs)
I * am / am not AYP Award Holder, Level : _____
My Occupation : _____ My Religious Belief : _____
My Teaching Language : _____ My Hobbies : _____
My Other Instructor Qualification : _____

I hereby certify that the information provided above is true and correct.

Signature of Applicant : _____

Date : _____

To be completed by Operating Authority :

I hereby certify that (Name of Instructor) _____
is appointed as * Bronze / Silver / Gold Level Instructor of _____ Operating Authority.
The information provided above is true and correct and I recommend him/her to be registered under CRS.

OA Chop : _____ Signature of OA Representative : _____

Name of OA Representative : _____

Telephone : _____

Date : _____

To be completed by CRU :

Receive Date : _____ Receipt No. : _____

Registration Accepted : Yes Registration No. : _____

Level : * Bronze / Silver / Gold

Registration period : Fr _____yy ____mm ____dd

to _____yy ____mm ____dd

No Reason : _____

Signature of CRU Representative : _____

Name of CRU Representative : _____

Date : _____

Remarks :

1. * Please delete as inappropriate
2. The information provided by you will only be used for registration and referral. For correction of or access to personal data, please contact the CRU Secretariat.
3. Please send the completed Registration Form, **and supporting document / Record Form** to the CRU Secretariat (Nos. 301-307, 3/F., Lai Kwai House, Lai Kok Estate, Cheung Sha Wan, Kowloon. Fax will not be accepted.
4. For re-issue of registration, please send together with the **Re-issue Fee** (Cheque payable to: The Hong Kong Award for Young People) to the CRU Secretariat.