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| --- | --- | --- | --- | --- |
| **Post applied** | Youth Development Coaching Director | Youth Development Team  “HKYDT” | Pre- Youth Squad  ”PYS” | Young Athletes Scheme  “YAS” |
| Director | **🗆** |  |  |  |
| Co-ordinator  ***\**** *Please 🗸 on all the available centre.* |  | **🗆** | **🗆 IE**  **🗆 WS** | **🗆 ALC**  **🗆 IE**  **🗆 SLY/YCK**  **🗆 TKO**  **🗆 VP**  **🗆 WS** |
| Coach  ***\**** *Please 🗸 on all the available centre.* |  | **🗆** | **🗆 IE**  **🗆 WS** | **🗆 ALC**  **🗆 IE**  **🗆 SLY/YCK**  **🗆 TKO**  **🗆 VP**  **🗆 WS** |
| **🗆** I would like to accept the job transferral which will be assigned by HKLBA | | | | |

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| Name in English :  (Full Name) |  | | | Name in Chinese : | | | |  |
| H.K. I.D.No. : |  | | | Gender : | | | |  |
| Affiliated Club : |  | | | | | | | |
| Date of Birth : | yy mm dd | | | | | | | Age : |
| Occupation : |  | | | | | | | |
| Tel.No. : | (Office): |  | | | (Fax) : |  | | |
|  | (Home) |  | | | (Mobile) : |  | | |
| E-Mail Address: |  | | | | | | | |
| Residential Address : |  | | | | | | | |
|  |  | | | | | | | |
| **Academic Qualifications :** | | | | | | | | |
|  | | | | | | | | |
| **Coaching Qualifications\***  : | HKLBA | | | | | | | |
| * Level I | | * Level II | | | | * Level III | |
| **Coaching Experiences :** | | | | | | | | |
|  | | | | | | | | |
| **Bowling History and Achievements :** | | | | | | | | |
| League Competitions : | | | | | | | | |
| National Competitions : | | | | | | | | |
| International Competitions : | | | | | | | | |

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| **Languages Level :** *(please put* ***fluent, good, moderate or basic*** *under each box below)* | | | | | | |
| **English** | | | | | **Chinese** | |
| Spoken | | Written | | | Spoken | Written |
|  | |  | | |  |  |
| **PC Literatcy :** | | * Word | * Excel | | * PowerPoint | * Others:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Awareness/knowledge of Child Protection in sport and equal opportunity issues in the context of Hong Kong \* :**   * Yes 🗆 No | | | | | | |
| 🗆 I hereby confirm that the above information is correct. | | | | | | |
| ***\**** *Please 🗸 the appropriate box(es).*  Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| FOR OFFICE USE ONLY | | | | | |
| Received on : | | | Handled by : | | |
| Remarks : | | | | | |