



**SPECIAL VACANCES  
Application Form**

**Office Use**

Region/Youth Centre: .....

Serial No: .....

Date applied: .....

**A. Profile of Participant**

1. Surname : .....  
(in block letters)

2. Other Names : .....

3. Postal Address: .....

4. Date of Birth : .....

5. Age : ..... Sex : ..... Tel. No. : .....

6. Activity Status (Occupation) (Tick as appropriate)

Employed  ..... (Workplace)

Student  Other  ..... (Please specify)

If student : Name and Address of School / College : .....

7. Have you ever participated in any activity of previous Special Vacances Programmes

Yes  No

**B. Details of activity / activities applied for**

Date	Activity	Venue	For Official Use	
			Attended Yes / No	Accepted Yes / No

Date : .....

Signature of Participant : .....

**C. Responsible Party (or person to be contacted in case of need)**

Name : .....

Address : .....

Tel. No. (Res) : ..... (Office) .....

**D. Parent / Guardian's Consent (applicable to participants who are under 18 years of age)**

I, ....., have no objection to my son / daughter / ward taking part in the above activity / activities and complying with the conditions applicable.

Date : .....

Signature of Parent/Guardian : .....