



澳門特別行政區政府  
Governo da Região Administrativa Especial de Macau  
高等教育輔助辦公室  
Gabinete de Apoio ao Ensino Superior

Opportunities for Starting-up - Delegation on Entrepreneurship  
**Registration Form**

**Personal Data Collection Statement**

In accordance with relevant provisions of Act No. 8/2005 *Personal Data Protection Act*:

1. Personal data provided by applicants will be used solely for application purposes.
2. To fulfill purpose of application or legal obligations, the provided information may be transferred to another agency or permitted entity.
3. In accordance with the Act, applicants have the right to access, correct, delete or archive his/her personal data stored in our Office.
4. All collected personal data will be processed in accordance with relevant provisions of Act No. 8/2005 Personal Data Protection Act. For details, please visit the related website.

- I have understood and accepted the contents of the “Personal Data Collection Statement” and realized that the personal data provided is for the use of application for “Opportunities for Starting-up - Delegation on Entrepreneurship” .
- I have read the Regulations and Rules of this program and accepted all the arrangements, and confirmed to make the registration.

I. Participated in activities organized by the GAES (fill in three activities at most)

- NO YES
1. Activity name: \_\_\_\_\_ Year: \_\_\_\_\_
2. Activity name: \_\_\_\_\_ Year: \_\_\_\_\_
3. Activity name: \_\_\_\_\_ Year: \_\_\_\_\_

II. Personal information

Chinese name (on the ID card): \_\_\_\_\_

Foreign name (on the ID card): \_\_\_\_\_

Gender: Male Female Date of birth: \_\_\_\_\_Day/\_\_\_\_\_Month/\_\_\_\_\_Year

Phone (Mobile): Macau - \_\_\_\_\_

Outside Macau - \_\_\_\_\_(Country / Area code) + \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of emergency contact person: \_\_\_\_\_



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Relations with the emergency contact person: \_\_\_\_\_

Mobile number of emergency contact person: \_\_\_\_\_

E-mail of emergency contact person: \_\_\_\_\_

Number of the Resident Identity Card: \_\_\_\_\_

Validity of the Resident Identity Card: \_\_\_\_\_ Day/\_\_\_\_\_Month/\_\_\_\_\_Year

Status: Current student      Graduated

Location of the higher education institution you are attending:

Macao     Mainland China     Other \_\_\_\_\_

Institution name : \_\_\_\_\_

Degree of Study:  Bachelor     Master     Doctor     Others \_\_\_\_\_

Name of the program you major in : \_\_\_\_\_

Number of Student Card: \_\_\_\_\_

The grade in school year 2017/2018: (Seniors who attend bachelor programs lasting 4 years or longer may not register)

Year 1     Year 2     Year 3     Other \_\_\_\_\_

Year estimated for the completion of the program: \_\_\_\_\_

### III. Others

How did you know about this series of activities?

<input type="checkbox"/> Centre for Higher Education Students	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Poster	<input type="checkbox"/> Bus	<input type="checkbox"/> Apps
<input type="checkbox"/> GAES webpage	<input type="checkbox"/> StudentBlog	<input type="checkbox"/> Facebook	<input type="checkbox"/> Wechat	<input type="checkbox"/> YouTube	<input type="checkbox"/> Google
<input type="checkbox"/> Recommended by : <input type="checkbox"/> Parents <input type="checkbox"/> Siblings <input type="checkbox"/> Schoolmates <input type="checkbox"/> Friends <input type="checkbox"/> School					
<input type="checkbox"/> Others ( Please specify ) :					

**If necessary, students can entrust a representative to submit the application form and the related documents by filling out the information of the representative below:**

Name of the representative	Type of the Identification	Number of the Identification
	<input type="checkbox"/> BIR	
	<input type="checkbox"/> Passport	
	<input type="checkbox"/> Travel Permit for Hong Kong and Macao SAR	



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Note: Please notify your representative to present the aforementioned identification for verification purposes when submitting documents.

**Contact:**

*E-mail:* studentblog@gaes.gov.mo

(Note: Please subject the enquiry email with “Opportunities for Starting-up - Delegation on Entrepreneurship”.)

Telephone: (853) 2834 5403      Fax: (853) 2832 2340

**I hereby declare that the above information is true and correct. I understand that I will carry out the related obligations and bear the consequences and responsibilities of providing false information.**

Signature of the applicant: \_\_\_\_\_ Date of submission: \_\_\_\_Day/\_\_\_\_Month/2018

**GAES Staff Only**

Document submitted by  the applicant /  his/her representative

Registration Form

Photocopy of the valid Resident Identity Card (front and back)

Photocopy of the valid student card (front and back)

Photocopies of transcripts for the academic year 2017/2018 and previous academic years

Signature of GAES Staff: \_\_\_\_\_ Date: \_\_\_\_Day/\_\_\_\_Month/2018