

**Diverse Abilities · Inclusive Workplace Recognition Scheme**  
**“Caring Employer” Medal Design Competition**  
**Organiser: Labour and Welfare Bureau**

**Enrolment Form**  
**Submission Deadline: 31 May 2025**

<b>Category</b>		<i>*Please tick in the appropriate box.</i>
<b>I</b>	<input type="checkbox"/> Primary School Group	
<b>II</b>	<input type="checkbox"/> Secondary School Group	
<b>III</b>	<input type="checkbox"/> Special School Group	
<b>IV</b>	<input type="checkbox"/> Tertiary Institute and Open Group	
<b>V</b>	<input type="checkbox"/> Persons with Disabilities Group	

<b>Entrant's information</b>		<i>*All fields are required.</i>
Name in Chinese		
Name in English		
Telephone		
Email		
<b>For Category I – III only</b>		
School name		
Grade		
<b>For Category IV only</b>		
School name (if applicable)		
Year (if applicable)		
Name of nominating enterprise/organisation (if applicable)		
Occupation (if applicable)		
<b>For Category V only</b>		
Type(s) of disability		

## The Entry

<b>(I) Medal design</b>		<i>*Please tick in the appropriate box.</i>
<input type="checkbox"/> Hand-drawn	<input type="checkbox"/> Digital art If artificial intelligence has been used in the design process, please specify: _____	



## Declaration

Please tick in the appropriate box(es):

- I hereby declare that the information submitted is true and correct, and I have read and agree to abide by all the Rules of Competition.
- I declare that the entry submitted is original, and agree to transfer all the interests (including copyright) of the entry to the Organiser, without accepting any remuneration.
- I have reached the age of 18 on the date of submitting this enrolment form.

Signature of Entrant:

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Date:

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**This enrolment form shall be countersigned by parent or guardian of the entrant if he/she is under the age of 18.**

Signature of Parent/Guardian:

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Name of Parent/Guardian in Chinese:

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Name of Parent/Guardian in English:

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Relationship:

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Date:

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## **Personal Information Collection Statement**

The personal data you provided on this enrolment form will be used for this Competition and related purposes. The information will be made available to officers responsible for handling this Competition. The provision of personal data to the Organiser is voluntary. However, if you fail to provide the personal data requested of you, the Organiser may not be able to process your submission.

You have the right to request access to and correction of your personal data submitted in accordance with the Personal Data (Privacy) Ordinance, Cap. 486. A fee will be charged for supplying copies of personal data. Request for access to and correction of personal data collected by means of this enrolment form should be addressed to –

Post Title: Executive Officer (Rehabilitation) 2, Labour and Welfare Bureau  
Address: Rehabilitation Division, Labour and Welfare Bureau  
11/F, West Wing, Central Government Offices  
2 Tim Mei Avenue, Tamar, Hong Kong  
Telephone: 2810 3831