



2027-2028

**ELITE TRAINING GRANT FOR ATHLETES WITH DISABILITIES¹ /
INDIVIDUAL ATHLETES SUPPORT SCHEME² /
SPORTS AID GRANT FOR ATHLETES WITH DISABILITIES³
*Application Form***

The information you provide in this application form is the basis for assessing eligibility for assistance under the Elite Training Grant for Athletes with Disabilities (ETGD) / Individual Athletes Support Scheme (IASS) / Sports Aid Grant for Athletes with Disabilities (SAGD). The Application Guidelines should be read in conjunction with the explanatory notes when completing this application form. Application form and Guidelines can be downloaded from the HKSI website (www.hksi.org.hk).

The personal data provided will only be used by the HKSI for purposes relating to this application. Only persons duly authorized by the HKSI will be given access to your personal data. For correction of or access to the personal data you have submitted, please contact the staff of the High Performance Administration Department.

Please submit the completed form to High Performance Administration Department, Hong Kong Sports Institute, 25 Yuen Wo Road, Shatin, Hong Kong on or before **16 November 2026**. Performance attained between 17 November and 31 December 2026 should be reported on or before 5 January 2027, if any. Applications with performance attained between 17 November and 31 December 2026 will also be accepted on or before 5 January 2027. **Late or incomplete applications will NOT be considered.**

PART A (To be completed by the applicant) (Please type or print)

1. Sport: ☐ Full Time Training ☐ Part Time Training

2. Personal Particulars

Name: (English) (Surname) _____ (Other Name) _____
(as per your HK ID Card/Passport)

Name: (Chinese) _____ Gender:* Male / Female Age: _____

Date of birth: _____ (dd) _____ (mm) _____ (yyyy) Place of birth: _____

Nationality: _____ Hong Kong ID No.: _____

Residence in HK since: _____ (dd) _____ (mm) _____ (yyyy) Occupation: _____ (*Full/Part Time)

School (if you are currently studying) : _____
(*Primary School / Secondary School / Post-Secondary Institute)

Postal address: _____

_____ Day-time contact tel. no.: _____

Email address: _____

Emergency Contact Person : _____ Telephone Number : _____

* Delete as inappropriate

- Remarks:
1. Para athletes of Tier A and Tier B Sports supported disciplines can apply for ETGD.
 2. Para athletes who are not supported under Tier A and Tier B Sports supported disciplines but have achieved eligible results in Paralympic/Asian Para Games events, and meet the specified funding criteria can apply for IASS (who will receive ETGD and a programme grant).
 3. Para athletes of other disciplines which are not supported under Tier A and Tier B Sports, and IASS can apply for SAGD.

3. Records of Achievements

- ♣ Provide information on your results (in order of merit) achieved in international competitions in the period between 1 January 2025 to 31 December 2026.
- ♣ Support all your achievements with documentation (e.g. official results)
- ♣ Use separate sheet if additional writing space is required

A. Individual Results

Date (dd/mm/yyyy)	Name of Competition / Venue (Please provide both English and Chinese versions for data input)	Event (e.g. 100m , singles, etc.) (Please provide both English and Chinese versions for data input)	Results/ Position (e.g. score, time, distance in metre, etc.)	No. of Entries for your Event	No. of Competing Countries/Regions for your Event

B. Team Results *(The applicant as a member of the team)*

Date (dd/mm/yyyy)	Name of Competition / Venue (Please provide both English and Chinese versions for data input)	Event (e.g. relay, doubles, etc.) (Please provide both English and Chinese versions for data input)	Results/ Position (e.g. score, time, distance in metre, etc.)	No. of Entries for your Event	No. of Competing Countries/Regions for your Event	Name(s) of Team Member(s) (Please provide both English and Chinese versions for data input)

4. **Training programme for 2027-2028** (To be agreed by your Coaching Supervisor)
Please state venue, frequency, duration, months, etc.

5. **Competition plan for 2027-2028** (To be agreed by your Coaching Supervisor)

Name of Competition	Target
2027-28	

6. **Major goals in the next 4 years** (To be agreed by your Coaching Supervisor)

7. **Declaration**

I declare that the information I have provided in this application is true and correct. I understand that commencement of the Sports Scholarship is subject to the passing of the HKSIL-arranged medical screening (for ETGD recipients only).

Signature of applicant: _____ Date: _____

PART B Parental/Guardian Consent (For applicants under 18 years old) (To be completed by parent/guardian)

I consent to my child/ward, _____ (Name) being assisted by the *Elite Training Grant for Athletes with Disabilities (ETGD)* / *Individual Athletes Support Scheme (IASS)* / *Sports Aid Grant for Athletes with Disabilities (SAGD)*, and I agree to let **him/her* attend training and competitions as shown on the submitted schedule. I understand that commencement of the Sports Scholarship is subject to the passing of the HKSIL-arranged medical screening (for ETGD recipients only).

Signature of parent/guardian: _____

Name in BLOCK letters: _____ Relationship: _____

Postal Address (*if different from applicant*): _____

Email address: _____ Day-time contact tel. no.: _____

PART C Recommendation of the Coaching Supervisor
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Name of Coaching Supervisor: (Surname) _____ (Other name) _____ (*Mr/Ms/Miss)

Postal Address: _____

Email address: _____ Day-time contact tel. no.: _____

Coaching Qualification: _____

Position at National Sports Association: _____

Please provide comments on the applicant in the following areas with grading:

(5 - Excellent, 4 - Good, 3 - Satisfactory, 2 - Fair, 1 - Poor)

	5	4	3	2	1
(i) Commitment to training and competitions	☐	☐	☐	☐	☐
(ii) Potential for further advancement	☐	☐	☐	☐	☐
(iii) Consistent level of performance	☐	☐	☐	☐	☐
(iv) Contribution to team work	☐	☐	☐	☐	☐

Other Comments/Recommendations: _____
 (if any) _____

☐ I confirm that I do not have any relationship with the applicant.

☐ I declare that I have the following relationship with the applicant (please specify): _____

Signature: _____ Date: _____

* Delete as inappropriate ^ Put "✓" in the box as appropriate

PART D Endorsement by the National Sports Association (NSA) (To be endorsed and signed by an office bearer or designated senior staff e.g. President, Chairman, Hon Secretary, Executive Director of the NSA)

Name of Association: _____

Comments/Recommendations on the applicant:

I endorse _____ (Name of Coach) as the coaching supervisor of the applicant.

I hereby certify that the information given in this application is true and correct and I **endorse** the application.

Signature of Official : _____

Name : (Surname) _____ (Other name) _____ (*Mr/Ms/Miss)

Position at NSA: _____ Association's Chop: _____

Date : _____

Name of Contact Person: (Surname) _____ (Other name) _____ (*Mr/Ms/Miss)

Position at NSA: _____

Tel. no. _____ Email address: _____

* Delete as inappropriate