



**ELITE TRAINING GRANT FOR ATHLETES WITH DISABILITIES /
INDIVIDUAL ATHLETES SUPPORT SCHEME /
SPORTS AID GRANT FOR ATHLETES WITH DISABILITIES**
Application Form
2024-2025

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 HKS I website (www.hksi.org.hk).

The personal data provided will only be used by the HKS I for purposes relating to this application. Only persons duly authorised by the HKS I 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 **13 November 2023**. Performance attained between 13 November and 31 December 2023 should be reported on or before 5 January 2024, if any. Applications with performance attained between 13 November and 31 December 2023 will also be accepted before 5 January 2024. **Late or incomplete applications will NOT be considered.**

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

1. **Fund(s) Applied** Elite Training Grant for Athletes with Disabilities¹
 Individual Athletes Support Scheme²
 Sports Aid Grant for Athletes with Disabilities³

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. Elite para athletes of Tier A and Tier B sports, and sports supported under the IASS can apply for ETGD.
 2. Athletes of Paralympic/Asian Para Games Sports, who are not supported under Tier A sports but meet the specified funding criteria can apply for IASS (who will receive ETGD and a programme grant).
 3. Elite para athletes of other sports which are not supported under Tier A and Tier B sports, and IASS can apply for SAGD.

3. **Grant received in 2023-2024 (please put “√” in the box)**

Scheme: **ETGD** **IASS** **SAGD** **No**

Category: * Elite A+ / Elite A / Elite B / Elite C * Elite A / Elite B / Elite C

* *Delete as inappropriate*

4. **Records of Achievements**

- ♣ Provide information on your results (in order of merit) achieved in international/major local competitions in the period between January 2022 to December 2023*.
***Applicants who are grant recipients in 2023-2024 (refer to above point 3) only need to provide information on your results achieved in the year of 2023 (January to December 2023), if any.**
- ♣ Results achieved after December 2023 will be considered for support in 2025-2026.
- ♣ Support all your achievements with documentation (e.g. official results, press reviews, etc.)
- ♣ 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, timing, distance in metre, etc.)	No. of Entries for your Event	No. of Competing Countries/Regions for your Event	Personal Best for this Event

B. **1. 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, timing, 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)

2. Individual Award Honoured in Major Competition (*Refer to special consideration for support to Team Sports/Events*)

Date (dd/mm/yyyy)	Name of Competition/Venue (Please provide both English and Chinese versions for data input)	Award (Please provide both English and Chinese versions for data input)

C. Ranking

Ranking should be supported by officially published/endorsed ranking lists of Asian/International Federation.

2022 : (Asian) _____ (World) _____

2023 : (Asian) _____ (World) _____

5. **Training programme for 2024-2025** (To be agreed by your Coaching Supervisor)
♣ Please state venue, frequency, duration, months on total, etc.

6. **Competition plan for 2024-2025** (To be agreed by your Coaching Supervisor)
♣ Please state name of competition, date, place, targets to be achieved.

7. **Major competitions and goals in the next 4 years** (To be agreed by your Coaching Supervisor)
(Please provide both English and Chinese versions)

8. **Declaration**

I declare that the information I have provided in this application is true and correct. I understand that non-conformity with the submitted training and competition plan [as listed in (5) and (6)] for the year 2024-2025 without valid reasons, or breach of terms in the Agreement might result in cessation of funding and a refund in whole or in part of the payment.

Signature of applicant: _____ Date: _____

* Delete as inappropriate

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*, and I **agree/do not agree* to let **him/her* attend training and competitions as shown on the submitted schedule. I understand that non-conformity with the submitted schedule [as listed in (4) and (5)] without valid reasons, or breach of terms in the Agreement might result in cessation of funding and a refund in whole or in part of the payment.

Signature of parent/guardian: _____

Name in BLOCK letters: _____ Relationship: _____

Address (if different from applicant): _____

_____ Day-time contact tel. no.: _____

PART C Recommendation of the Coaching Supervisor

Name of Coaching Supervisor: (English) (English) (Surname) _____ (Other name) _____

(Chinese) _____ (*Mr/Ms/Miss)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Potential for further advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Consistent level of performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Contribution to team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments/Recommendations: _____
 (if any) _____

Signature: _____ Date: _____

* Delete as inappropriate

PART D Endorsement by the National Sports Association (NSA)
(To be endorsed and signed by a senior official e.g. President, Chairman, Hon Secretary of the NSA)

Name of Association: _____

Name of Responsible Person: (English) (Surname) _____ (Other name) _____

(Chinese) _____ (*Mr/Ms/Miss)

Position at NSA: _____

Address: _____

_____ Day-time contact tel. no. _____

Fax no.: _____ Email address: _____

* * * * *

1. Comments/Recommendations on the applicant:

2. I hereby certify that the information given above is true and correct and I **endorse/do not endorse* the application.
(Please state reason(s) if you do not endorse the application.)

3. I **endorse/do not endorse* the appointment of _____ as the coaching supervisor of
the applicant. (Name of coach)

Signature of Official : _____

Name (English) : (Surname) _____ (Other name) _____

(Chinese) : _____ (*Mr/Ms/Miss)

Position at NSA : _____

Tel. no. _____ Email address: _____

Date : _____ Association's Chop: _____

* Delete as inappropriate