



ARTS WITH THE DISABLED ASSOCIATION HONG KONG

香 港 展 能 藝 術 會

藝術同參與 傷健共展能
Arts are for everyone

An affiliate of VSA
國際展能藝術會成員

A member of The Hong Kong Council of Social Service
香港社會服務聯會機構會員

Awardee of Hong Kong Arts Development Awards:
榮獲香港藝術發展獎:

Award for Arts Promotion 2014
藝術推廣獎 2014

Award for Arts Education (Non-School Division) 2012 (Gold Award), 2020
藝術教育獎 (非學校組) 2012 (金獎), 2020

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藝術推廣獎 (團體/機構組) 銅獎 2012

填寫後即成為保密文件 Confidential

檔案編號 File number :

迪士尼創夢家青少年展能藝術發展計劃
Disney Dream Makers Youth Development Program:
Empowering Young Talents with Disabilities

申請表格 Application Form

1. 申請者資料 Particulars of Applicant			
姓名全名 : Full Name :	(中文) (Chinese)	(英文) (English)	
性別 Sex :	<input type="checkbox"/> 男 M <input type="checkbox"/> 女 F	出生日期 Date of Birth :	
身體狀況 Type of disability : 〔請在方格內加✓，可選多項〕〔Please tick the appropriate box(es)〕			
<input type="checkbox"/> 視障 Visual impairment <input type="checkbox"/> 聽障 Hearing impairment <input type="checkbox"/> 肢體障礙 Physical disability <input type="checkbox"/> 輪椅使用者 Wheelchair user <input type="checkbox"/> 精神障礙 Mental disorder <input type="checkbox"/> 輕度智障 Mild intellectual disability <input type="checkbox"/> 中度智障 Moderate intellectual disability <input type="checkbox"/> 嚴重智障 Severe intellectual disability <input type="checkbox"/> 自閉譜系 Autism spectrum disorder <input type="checkbox"/> 言語障礙 Speech and language impairment <input type="checkbox"/> 特殊學習需要 Specific learning difficulties <input type="checkbox"/> 過度活躍／專注力不足 Attention deficit/Hyperactivity disorder <input type="checkbox"/> 長期病患 Chronically ill (請註明 Please specify : _____) <input type="checkbox"/> 其他 Others (請註明 Please specify : _____)			
殘疾人士登記證編號 : Registration Card Number for Disabilities :			
登記證有效期至 Valid Until :	<input type="checkbox"/> 永久 Permanent <input type="checkbox"/> _____年 Year _____月 Month _____日 Day		
聯絡電話 Contact Number :		電郵 Email :	
郵寄地址 Mailing Address :			

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2. 聯絡人資料 Particulars of Contact person

(如申請者為未成年人士／無行事能力者，聯絡人為本會通知申請結果及收取資助金額之主要對象)

(If the applicant is a minor/incapacitated person, the contact person will be notified of the application result and be the primary recipient of the subsidy amount.)

姓名全名： Full Name：	(中文) (Chinese)	(英文) (English)
機構名稱 Organization： (如適用) (if applicable)		
與申請者關係： Relationship with Applicant		聯絡電話： Contact Number：
電 郵 Email：		傳 真 Fax：
郵寄地址 Mailing address： (如與以上不同) (if different from above)		

3. 申請者簡介及背景資料 Applicant's profile and background information

(如有需要，可另備附件提供資料) (if necessary, additional attachments can be provided)

(不多於300字 No more than 300 words)

4. 計劃項目內容 Project content

(如有需要，可另備附件提供資料) (if necessary, additional attachments can be provided)

計劃／活動名稱 (中文／英文)：

Project／Activity Name (Chinese/English)：



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學習成果如何幫助你推進藝術發展和未來的計劃（短期和長期）：

How the learning outcomes can help you advance your future artistic development and plans (short and long-term) :

Blank space for writing the answer to the question above.

5. 計劃開支及收入項目預算 Budget of planned expenses and incomes
(如有需要，可另備附件提供資料) (if necessary, additional attachments can be provided)

開支 Expenses

預算表可到本會網站下載並參閱「3. 計劃預算（範本）」
“3. Budget Table (Sample)” can be downloaded from the ADAHK website

收入 Incomes

<input type="checkbox"/>	本人並未就此計劃向其他基金申請資助 I have not applied for funding from other funds for this plan
<input type="checkbox"/>	本人就此計劃已向其他基金申請資助／已接獲其他基金通知成功獲得資助 I have applied for funding from other funds for this project/have been notified by other funds that I have successfully received funding. (如有，請列明已申請／獲得資助的基金名稱、及已獲得資助金額 If yes, please list the name of the fund that has been applied for/received subsidy, and the amount of subsidy received : _____) # 請刪去不適用者 Please delete where appropriate



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6. 聲明 Declaration

本人茲證明所填報的資料均屬真實無訛，並明白及同意若提供任何不實及具誤導成份之資料，將會被取消申請資格。

本人已細閱且明白申請指引的內容及細節，並同意無論獲得撥款與否，均尊重及接受香港展能藝術會之最終決定。

I declare that the statements made in this application are, to the best of my belief, true, complete and correct. I realized that the dishonesty on my part will lead to the disqualification of the application for the Fund..

I have carefully read and understood the detailed content of the application instructions, and agree to respect also accept the final decision of the Arts with Disabilities Association Hong Kong whether I receive funding or not.

申請人姓名 Applicant's name : (請用正楷填寫) (Please fill in block letters)
簽署／機構蓋印 : Signature / Organizational Seal :
日期 Date :

(如申請者未滿 18 歲或無行事能力者，需填寫此部份) (If the applicant is under 18 years old or activity limitation , this section needs to be filled in)
申請者家長、監護人或負責人姓名 : Name of the parent / guardian / person in charge : (請用正楷填寫) (Please fill in block letters)
簽署 Signature :
日期 Date :