



澳門特別行政區政府  
Governo da Região Administrativa Especial de Macau  
高等教育局  
Direcção dos Serviços do Ensino Superior

Entrepreneurship and Employment Internship Programme for Macao Higher Education Students  
**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 DSES.
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 “Entrepreneurship and Employment Internship Programme for Macao Higher Education Students” .
- I have read the Regulations and Rules of this program and accepted all the arrangements, and confirmed to make the registration.

I. **Personal information**

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

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

Gender:  Male  Female Date of birth: \_\_\_\_\_ Day/\_\_\_\_\_ Month/\_\_\_\_\_ Year

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

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

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

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

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

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

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

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

Type of the Resident Identity Card:  Permanent  Non-permanent  Other \_\_\_\_\_

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



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Validity of the Resident Identity Card: \_\_\_\_\_ Day/ \_\_\_\_\_ Month/ \_\_\_\_\_ Year

Location of the higher education institution you are attending:

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

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

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

Type of Degree:  Bachelor     Master     PhD     Other

<b>Status</b>	<input type="checkbox"/> Studying
	Student ID card number: _____
	The grade in school year 2020/2021:
	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Other _____
	Year estimated for the completion of the program: _____
	<input type="checkbox"/> Graduated
	Year of graduation: _____

Name of graduated secondary school: \_\_\_\_\_

## II. Voluntary Option

You can choose one or more options, fill in 1 and 2 to indicate your option by order.

\_\_\_\_\_ Choice: Energy saving and environmental protection

\_\_\_\_\_ Choice: Biomedical technology

\_\_\_\_\_ Choice: Robotics

\_\_\_\_\_ Choice: Automation equipment

\_\_\_\_\_ Choice: Cultural, tourism and creative industry

\_\_\_\_\_ Choice: New media and design



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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	

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

**Contact:**

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

(Note: Please subject the enquiry email with “Entrepreneurship and Employment Internship Programme for Macao Higher Education Students”.)

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/2020

**DSES 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)

or

Photocopies of graduation certificate

Signature of DSES Staff: \_\_\_\_\_ Date: \_\_\_\_\_Day/\_\_\_\_Month/2020