

Provision of Job-Shadowing Form

Details of company:

Name:	(Chinese)	(English)
Address:		
Nature of Business:		
BRC No.:	(Please tender a copy of the document)	

Details of Job-Shadowing

Name of the post:	
No. of Offer:	
Duties:	
Job-Shadowing Period: (Mid-Jul and Aug are preferred)	_____ (day) _____ (Month) to _____ (day) _____ (Month) Totally _____ days (not more than 5 days) the period within 8 July to 9 Aug are preferable
Job-Shadowing Hours	from _____ a.m./p.m.* to _____ a.m./p.m.* (Working hours should be within 7:00 am – 7:00 pm) totally _____ hours per day (not more than 8 hours per day)
Transport /Meal Allowance:	<input type="checkbox"/> Yes: \$ _____ pre day <input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____ pre day <input type="checkbox"/> No
Address of workplace:	(If the address is different from above, please provide the details)

Details of Contact Person

Name:	先生/女士*(Chinese)	Mr/Miss/Ms* (English)
Position:		
Tel. No.:		
Fax No.:		
Email Address:		
Correspondence Address:		

Information Collection Statement

The information provided will only be used for A-Life Academy's "Job-Shadowing" programme and further correspondence with YMCA of Hong Kong. Apart from personnel duly authorized by the information provider, no one except the Officer in charge of the Programme will be given access to your personal information.

Name of Responsible Person : _____ Signature : _____ Date : _____

Please submit the **Provision of Job-Shadowing Form** to YMCA of Hong Kong via

Email: **A-LifeAcademy@ymcahk.org.hk** or Fax to **2720 7997**, attend to Ms. Candy Tsang or Mr. Ryan Ng

Enquiry:

Tel: 2708 8995 (Ms. Candy Tsang and Mr. Ryan Ng)

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九龍長沙灣順寧道259-263號恆寧閣地下及一字樓 G/F & 1/F Hang Ning Court, 259-263 Shun Ning Road, Cheung Sha Wan, Kowloon.

電話 Tel : (852) 2708 8995 傳真 Fax : (852) 2720 7997 網址 Web Site : <http://www.csw.ymcahk.org.hk>