



香港獨木舟總會 Hong Kong Canoe Union

2023-24 年度教練職位申請表格(精英培訓委員會) 2023-24 Coach Application Form (Elite Training Committee)

請 有意申請的項目 Please tick box that applies

- 合約獨木舟競賽教練 (Racing Kayak Coach)
 合約獨木舟水球教練 (Canoe Polo Coach)
 合約海洋獨木舟教練 (Surfski Coach)
 青苗獨木舟賽艇培訓計劃教練 (Youth Athletes Training Scheme - Racing Kayak)

請附上證件相
Photo

請以正楷填妥申請表格

Please complete the application form with BLOCK Letters

個人資料 Personal Information

教練編號 Coach No.		會員編號 Membership No.	
中文姓名 Chinese Name		英文姓名 English Name	
出生日期 Date of Birth DD / MM / YYYY		年齡 Age	性別 Gender
英文地址 Address		國籍 Nationality	
聯絡電話 Contact No.		電郵 Email	
緊急聯絡人 Emergency Contact Person		緊急聯絡電話 Emergency Contact No.	

是否香港永久性居民 Are you a permanent resident of the HKSAR? 是 Yes 否 No

申請項目的任教經驗 / 年資

Previous Experience / Year of Service as instructor for the sport / activity applying for

申請項目的有關資歷 Relevant Qualification

發出機構 Issued Organization	持有資歷 Qualification	簽發日期 Date of Issue

工作時間選擇 (可選擇多於一項) :

Time Available for Service (You may choose more than one):

星期 Day	時間 Time
星期一至五 Monday to Friday	上午 / 下午 / 晚上 AM / PM / Evening
星期六、日及公眾假期 Weekend & Public Holiday	上午 / 下午 / 晚上 AM / PM / Evening

其他補充資料(如有)

Supplementary information (If Any)

(i.e Previous Experience for oversea activity 海外比賽成績 / 海外活動帶隊經驗)

健康狀況申報 Physical Activity Readiness Questionnaire

是 Yes	否 No	問題 Questions
<input type="checkbox"/>	<input type="checkbox"/>	1. 醫生曾否說過你的心臟有問題，以及只可進行醫生建議的體能活動？ Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by the doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. 你進行體能活動時，是否感到胸口痛？ Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. 過去一個月，你曾否在沒有進行體能活動時也感到胸口痛？ In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. 你曾否因感到暈眩而失去平衡，或曾否失去知覺？ Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. 你的骨骼或關節（如背，膝或髖）是否有毛病，且會因改變體能活動而惡化？ Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. 醫生現時是否有給你一些有關血壓或心臟藥物（例如去水丸）給你服用？ Are your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. 據你所知，是否有任何其他理由令你不應進行體能活動？ Do you know of any other reason why you should not do physical activity?

聲明

Declaration and Signature

本人證實以上資料均屬正確。如有任何個人資料變更，本人會通知香港獨木舟總會秘書處作出更正。

I confirm that all the above particulars are correct. If there is any change of the data, I shall inform the Secretariat of Hong Kong Canoe Union to update the record.

簽署 Signature : _____

日期 Date : _____