



Registration Form

(Internal Use only, Please ✓ the appropriate box)

I will participate in: Track A (Dec 23-26, 2024) Track A + B (Dec 23-30, 2024)

Personal Information

English Name (First Name): _____ (Last Name): _____

Chinese Name (if any): _____ *Both English and Chinese names have to be identical with what is on your passport

Passport Type: _____ Expiry Date: _____

Nationality/Citizenship: _____

Age: UNDER18 18-22 23-26 27-30 31-35 Over 35 Gender: Male Female

Address: _____ City: _____

Province/State: _____ Country: _____ Zip/Postal Code: _____

Mobile Phone: () _____ Home: () _____

Email: _____

Year of Conversion: _____ Baptised: No Yes (Date: _____ Church: _____)

Current Affiliated Church: (Full Name) _____

Level of Education Completed: High School Undergraduate Graduate

Other, please specify: _____

Occupation: _____

Health

Emergency on-site health support cannot be guaranteed, in the case that anything happens, it will be a priority to access the local health institutions at the respective locations in Track A and Track B.

Have you ever been admitted into hospital due to a health condition?

No Yes, (Date: _____ Condition: _____)

Current health condition: Excellent Good Average Poor

Emotional condition: Stable Occasionally unstable Unstable Very unstable

Are you currently taking any prescription medication? _____

No Yes, (Condition: _____)

Special Needs Physically disability Visually-impaired

Other, please specify: _____

Food allergies: Not Applicable Yes: _____

Do you have any known allergies to medical substances?

No Yes, please specify: _____



Language

Proficiency / Language	English	Cantonese	Mandarin	Other, please specify
First Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Spiritual Life

Devotion Time: Daily Occasionally None Others:

Have you been trained in: Group Leader Discipleship Worship Leader Preaching
Personal Evangelism Sunday School Teacher Others:

Have you ever led anyone to faith in Jesus Christ? Yes No

What are your spiritual gifts, technical talents and skills: Preaching Teaching Evangelism

Leading Worship Leading small groups Administration Graphic Design

Pianist Multimedia skills (e.g. video, audio)

Other musical instruments, please specify _____

Others (e.g. health support) _____

Are you willing to serve at the conference by using your gifts, talents and skills? Yes (we will contact you)

Reference Details

Please give reasons for applying to this conference: _____

Travel Experience

Any overseas travel experience: No Yes Destination: _____

Adaptability to different culture: Excellent Good Average Poor Very poor

Areas of difficulties to adapting: _____

Other Opinions

Does anyone disagree with your application to this event? No Yes, why? _____

Does anyone encourage you to join this event? No Yes, why? _____



Emergency Contact

Emergency Contact Person: _____

Relation: _____

Email: _____

Phone No.: () _____

Personal Information Collection Statement

The personal data collected from you will be used for purposes relating to your application for the conference with Hong Kong Alliance Mission. We will take practicable steps to keep your personal data confidential but we will transfer / assign such data to the Field Director/Coordinator concerning your application.

We will keep your personal data only for as long as necessary to fulfil the Purpose for which the data was collected.

Declaration

I declare that all personal data and information given in this form are true and correct to the best of my knowledge and understand that any false and misleading personal data and information given will lead to disqualification of my application.

Name of Applicant

Signature of Applicant

Date

Recommended by Senior Pastor / Person In-charge

Name: _____

Church: _____

Signature of Senior Pastor / Person In-charge

Date



Consent Form

I, _____ HEREBY ACKNOWLEDGE that I will join
“HKAM 2024 - Together, We Thrive”, the trip to Bangkok, and optionally to a short-term mission location in
Northeastern Thailand, from _____ to _____.

I understand that the provision of the above information to HKAM will be used for planning purposes and that
HKAM endeavours to protect my personal information. I authorize HKAM to disclose relevant information to
governmental and healthcare agencies if needed.

I AGREE :

1. To follow the directions of the team / mission leaders.
2. That all expenses which I incur while on this visit will be met by me out of my own personal resources.
3. That neither I nor anyone else on my behalf shall in the event of my death, injury, illness or other mishap
either to me personally or to any other person by my negligence lay any claim or make any demand against
the said organization or any of its members and I HEREBY AGREE to indemnify the said organization,
church and its Members in respect of any such claim or demand made by any third party in respect of any
such negligence or breach of duty on my part.

Signed By: _____ Date : _____

Name: _____ ID/Passport No.: _____

Witness by : _____ Date : _____

Name of Witness : _____ ID / Passport No. : _____

Email: _____ Phone No.:(_____)