

香港特別行政區政府
2026年專上學生暑期實習計劃申請書
**Application Form for Post-Secondary Student Summer Internship Programme 2026
in the Government of the Hong Kong Special Administrative Region**

申請人須知

Notes for Applicants:

- (a) 申請人必須就每一個申請的實習空缺填寫一份申請書。
Applicant should complete **one application form** for each intern vacancy in the Government.
- (b) 請用黑色 / 藍色墨水筆或原子筆, 以正楷填寫申請書。
Please complete the form in block letters and in black or blue ink.
- (c) 申請人須提供正確資料。遞交申請書後, 如申請書內所提供的資料(包括你的香港特別行政區永久性居民的身分)有任何更改, 你必須通知招聘部門負責人員。
Please ensure that the information provided is accurate. You are required to notify the subject officer of the recruiting department if there are any subsequent changes to the information provided, including any change to your permanent resident status of the Hong Kong Special Administrative Region, after submission of the application form.
- (d) 申請人如未能提供所需的資料, 申請書可能不獲受理。
Your application may not be considered if you fail to provide the requested information.
- (e) 申請人所提供的資料, 將用於與本實習計劃有關的招聘工作以及其他與僱用有關的事宜上。
The information provided will be used for recruitment relating to this programme and other employment-related purposes.
- (f) 遞交申請書後, 如欲更改或查詢個人資料, 請與招聘部門負責人員聯絡。
For correction of or access to personal data after submission of the application form, please contact the subject officer of the recruiting department.

申請人編號
Candidate No.

(只供有關部門填寫 Official use only)

申請實習空缺名稱 Title of Intern Vacancy Applied For	決策局 / 部門及組別 Bureau / Department (Division / Section)
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**A部
Section A**

**(I) 個人資料
Personal Particulars**

英文姓名 Name in English	(姓氏 Surname)	(名字 Other Names)	
中文姓名 Name in Chinese		中文姓名電碼 Chinese Name in Code	- - - - -
出生日期 Date of Birth	日DD 月MM 年YYYY	出生地點 Place of Birth	
香港身分證號碼 Hong Kong Identity Card Number	()	性別 Sex	男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/>
你是否香港特別行政區永久性居民? Are you a permanent resident of the Hong Kong Special Administrative Region?		是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>
聯絡電話 Contact Telephone Number		電郵地址 E-mail Address	
住址 Residential Address			
在香港居留時間 (請按日期先後填寫) Length of Residence in Hong Kong (with dates in chronological order)			
由 (月 / 年) From (Month / Year)	至 (月 / 年) To (Month / Year)	期間 Duration	年 月 Year(s) Month(s)

B部 (可選擇是否填寫)
Section B (Optional)

你是否殘疾人士？ 是 否
 Are you a candidate with disability? Yes No

如為殘疾人士，請註明殘疾性質及程度，以及在參加面試時是否需要特別的安排 -
 If yes, please indicate nature and degree of disability and specify whether you need special arrangement for attending an interview, if any -

(註：政府遴選時對殘疾人士及其他申請人會一視同仁。申請人如需獲得為殘疾人士而設的聘任相關安排，有關部門可能要求提交醫生證明其為殘疾人士。
 Note: Candidates with disabilities are considered on equal terms with other applicants. The Government may require medical proof of their disability if candidates wish to make use of the appointment arrangements applicable to candidates with disabilities.)

C部
Section C

你曾經經香港或香港以外的法庭判定有罪？ 是 否
 Have you ever been found guilty of an offence in a court of law whether or not in Hong Kong? Yes No

如經判定有罪，請列明詳情
 If yes, please give details

(註：請在下列所有方格內加上“✓”號，表示你已閱讀、明白及接受此部所列明之所有條件，否則你的申請將不獲處理。)
 (Note: Please insert a “✓” in all the boxes below to indicate that you have read, understood and accepted all conditions specified in this Section. Otherwise, your application will not be processed further.)

- 本人明白倘若故意在填寫本申請書時虛報資料或隱瞞重要事實，或未有在申請書內所提供資料已作更改後通知招聘部門，可令本人喪失獲政府錄用的資格；即使已獲政府錄用，亦可遭終止聘用。
 I understand that if I wilfully give any false information or withhold any material information in this application form, or fail to notify the recruiting department of any subsequent change of information provided, it will render me liable to disqualification for employment by the Government or to termination of employment, if already employed by the Government.
- 本人同意政府可就進行與政府招聘工作及僱用有關的事宜，及為核實上述資料而進行必要的查詢。本人授權所有政府部門及其他組織或機構可就這些查詢，透露任何有關的紀錄及資料。本人亦授權香港警務處處長或其代表把所有關於我的犯罪紀錄及詳情發放予有關政府部門 / 當局 / 機構。就我的職位申請，我也同意當有需要時，可套取我的指紋以核實我的犯罪紀錄。
 I consent to the Government making any necessary enquiries for purposes relating to recruitment by and employment with the Government and for the verification of the information given above. I authorise all government departments and other organisations or agencies to release any record or information as may be required for these enquiries. I also authorise the Commissioner of Police, or his representative, to release full particulars of any and all criminal convictions recorded against me to relevant government departments / authorities / agencies. I also agree to my fingerprint impressions being taken by the Police in connection with this application, if required for the purpose of verifying my criminal records.
- 本人明白並同意，如有需要，上述資料會送交獲授權處理有關資料的政府部門及其他組織或機構，用以進行與政府招聘工作，以及其他僱用和人力資源管理有關的事宜。
 I understand and accept that the information given above will be provided to government departments and other organisations or agencies authorised to process the information for recruitment, other employment-related and human resource management-related purposes as may be necessary.

日期
 Date _____

簽署
 Signature _____

