



Recruiting Facilitators for “Smoke-free Teens” Training Camp

About Hong Kong Council on Smoking and Health

Hong Kong Council on Smoking and Health (COSH) is a statutory body to protect and improve the health of the community by informing and educating the public on smoking and health matters; conducting and coordinating research into the cause, prevention and cure of tobacco dependence; and advising the Government, community health organizations or any public body on matters relating to smoking and health.

About “Smoke-free Teens” Training Camp

COSH has been organizing Smoke-free Teens Programme (formerly known as “Smoke-free Youth Ambassador Leadership Training Programme”) annually since 2012 to nurture teenagers to become future leaders in the society and to promote smoke-free culture. The training camp, as part of the programme, aims to train a group of Smoke-free Teens (Form 1-4 or aged 14-18) to take up the role of spreading and promoting smoke-free messages in their schools and community through organizing smoke-free activities. Participants will acquire various knowledge and skills through workshops, team building and adventure-based activities in the training camp.

Date (4 camps, 2-Day-1-Night)*

- 8:30am, 18 July 2018 – 6pm, 19 July 2018
- 8:30am, 24 July 2018 – 6pm, 25 July 2018
- 8:30am, 30 July 2018 – 6pm, 31 July 2018
- 8:30am, 6 August 2018 – 6pm, 7 August 2018

**Candidates are encouraged to join all of the above sessions.*

Honorarium

HK\$300 will be provided to each facilitator per camp.

Venue

HKFYG-Jockey Club Sai Kung Outdoor Training Camp

(Transportation will be provided between the campsite and city)

Number of Facilitators for Each Camp

16-20 per camp



Roles of Facilitators

- Assist COSH staff in overseeing the activities, general camp operations;
- Lead a group of Smoke-free Teens to participate in the activities to ensure a safe and smooth camp;
- Assist in enhancing Smoke-free Teens' knowledge on the hazards of smoking, related tobacco control issues, as well as share findings/ experiences (e.g. how to help youth smokers quit, organizing events or activities etc). Briefing will be provided;
- Facilitate group discussion and group activities; and
- Assist Smoke-free Teens in understanding their roles on promoting tobacco control.

Requirements

- University students
- Independent, self-disciplined, proactive, pleasant and outgoing
- Good problem solving skill, communications skill and leadership skill
- Fluent in Cantonese
- Experience in organizing training camp is preferable

Application methods

Please complete the volunteer registration form and send to Hong Kong Council on Smoking and Health by post (Unit 4402-03, 44/F, Hopewell Centre, 183 Queen's Road East, Wanchai, Hong Kong) or email (project@cosh.org.hk).

If you choose to apply by email, you are **HIGHLY RECOMMENDED** to protect your personal data by setting a password for the completed form before sending. The password should be sent to us by a separate email.

Interview and training will be arranged for selected candidates. Details will be announced later.

Remarks:

- *It is on a voluntary basis. Honorarium will be given to facilitators with meals and accommodation provided. Letter of appreciation will be awarded upon completion of the camp with satisfactory performance.*
- *There will be around 80-100 Smoke-free Teens for each camp.*

Enquiries

Please contact Ms Tracy Wong or Ms Eunice Fung at 2185 6399 or project@cosh.org.hk.

香港吸煙與健康委員會義工登記表格
Volunteer Registration Form
Hong Kong Council on Smoking and Health

義工登記須知
Guide to Volunteer Registration

以下備註為填寫登記表格提供指引。

The following notes give guidance on how to complete the registration form.

- (a) 填寫義工登記表格前，請詳閱義工登記須知。
Please study the Guide to Volunteer Registration before completing the Volunteer Registration Form.
- (b) 登記人須填妥登記表格各項，並提供正確資料。如空位不敷填寫，登記人應另頁詳列有關資料，隨登記表格附上。
Please ensure that all parts in the registration form are completed and the information is accurate. If there is insufficient space, please give details on a separate sheet to be attached to the registration form.
- (c) 登記人在本登記表格內所提供的個人資料，用於與義工登記有關的事宜。
The personal data provided in this registration form will be used for purposes related to registration of volunteers.
- (d) 填妥本登記表格後，登記人可保留副本一份，作個人參考之用。
Registrants are advised to make a photocopy of the completed registration form for own reference.
- (e) 請以郵遞方式遞交表格，並附上文憑/證書或其他學歷證明文件的副本。為減低資料外洩風險，登記人應避免以電郵或傳真方式遞交表格。
Please submit the registration form with copies of diplomas/certificates or other qualification documents by post. To reduce the risk of data loss and leakage, registrants should avoid submitting the registration form by email or fax.
- (f) 遞交登記表格後，如欲更改或查詢個人資料，或查詢與義工登記有關的事宜，請與香港吸煙與健康委員會行政部聯絡。
For correction of or access to personal data after submission of the registration form or enquiries on volunteer registration matters, please contact the Administrative Department of Hong Kong Council on Smoking and Health (COSH).
- (g) 本登記表格的個人資料將絕對保密，並只用作評定登記人是否適合作為委員會的登記義工。向委員會提供個人資料，純屬自願。如你未能提供足夠的個人資料，委員會可能無法處理你的登記。
The personal information provided will be treated as confidential and collected for the purpose of assessing your suitability as a registered volunteer of COSH. Personal information is provided to COSH on a voluntary basis. If personal information provided is incomplete, COSH may not be able to process your registration.
- (h) 在一般情況下，未能成功登記的資料將於登記表格處理兩年後銷毀。
Information on unsuccessful registration will normally be destroyed 2 years after the registration form is processed.
- (i) 每位登記人只須遞交此登記表格一次。
Each registrant is required to hand in this registration form once only.

香港吸煙與健康委員會義工登記表格
Volunteer Registration Form
Hong Kong Council on Smoking and Health

(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 _____

出生日期
Date of Birth _____ 性別 Sex 男 Male 女 Female
日 DD 月 MM 年 YYYY

香港身分證號碼
Hong Kong Identity Card Number _____

護照／旅行證件號碼
Passport/Travel Document Number _____ 簽發機關 Issuing Authority _____
(本欄供沒有香港身分證的登記人填寫)
(For registrants without Hong Kong Identity Card)

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 否 No
(如對香港特別行政區永久性居民身分有任何疑問，可致電入境事務處居留權查詢熱線2824 6111。)
(If in doubt, you are advised to make enquiry about your eligibility for the permanent resident status in the Hong Kong Special Administrative Region through the Immigration Department Right of Abode Enquiry Hotline 2824 6111.)

住址
Residential Address _____
(英文) (in English) _____

日間聯絡電話 / 流動電話
Daytime Contact Telephone No. / Mobile Phone No. _____ 住所電話 Residential Telephone No. _____

電郵地址
E-mail Address _____

請留下緊急事故聯絡人資料，以便委員會通知閣下的親屬或朋友：
In case of emergency, please list name and phone number of relative or friend we may contact.

緊急聯絡人(一) 姓名
Name of Emergency Contact Person: _____ 關係 Relationship: _____
日間聯絡電話 / 流動電話
Daytime Contact Telephone No. / Mobile Phone No. _____

緊急聯絡人(二) 姓名
Name of Emergency Contact Person: _____ 關係 Relationship: _____
日間聯絡電話 / 流動電話
Daytime Contact Telephone No. / Mobile Phone No. _____

補充資料 (包括任何您希望向緊急護理人員提供之病歷或個人資料)
Supplementary information (include any special medical or personal information you would want an emergency care provider to know)

年齡不足十八歲的登記人請先得家長或監護人同意。
If you are under 18 years old, please first obtain the consent of your parents or guardian.

(姓名 Name) _____ (簽名 Signature) _____ (關係 Relationship) _____

(II) 學歷 Academic Attainment

截至目前為止的最高學歷
Highest level of education to date

就讀日期 (月 / 年) Date (Month / Year)		學校、學院、大學等 Schools, Colleges, Universities, etc	就讀級別 Class	主修科目 Major Subject
由 From	至 To			

(III) 聲明 Declaration

本人深知確信，本表格所填報的資料均屬正確無訛且並無缺漏。

I declare that the information I have given in this registration is correct and complete to the best of my knowledge and belief.

簽署 Signature _____ 日期 Date _____

(*請將不適用者刪去)

(Please delete as inappropriate)

(請在適當方格內加上“✓”號。)

(Please insert a “✓” in the appropriate box.)
