

**2020 Joint Admission Examination for
Macao Four Higher Education Institutions (Languages and Mathematics)**
2020 年澳門四高校聯合入學考試（語言科及數學科）

Application Form 申請表
Special Examination Arrangement for Students with Disabilities
身心障礙學生特別考試安排

Applicant's Information 申請人資料	
Applicant's full name 申請人姓名	
ID / Passport no. 身份證/護照號碼	
Mobile no. 流動電話號碼	
E-mail address 電郵地址	
Name of high school 中學名稱 (applicable to current high school graduates only 只適用於應屆高中畢業生)	
<p>Remarks 註：</p> <ol style="list-style-type: none"> 1. Deadline for application is: 31/12/2019 申請截止日期為：31/12/2019 2. The transmission of personal information over the internet may lack proper protection and security. There is a certain risk that your information may be accessed or used by an unauthorized third party. 個人資料於互聯網傳送期間有可能缺乏適當之保護和安全措施，因此，您的個人資料存在一定風險被不當存取或被未經授權之第三方使用。 3. Applicant's personal information will only be used by the Four Institutions for processing the application. 申請人的個人資料只會用於由四校共同進行的申請處理程序。 	

<p>Brief Description of Disabilities Status 身心障礙狀況簡述</p> <hr/> <hr/> <hr/> <hr/>
<p>Special arrangement needed 所需之特別安排 (e.g. seat arrangement near venue exit, permission to use hearing aids, etc. 例如: 安排近考室出口之座位、批准配帶助聽器等)</p> <hr/> <hr/> <hr/> <hr/>

<p>Contact 聯絡人 (Optional 選填) e.g. high school or organization if further information is required 例如可提供更多資訊之中學或機構</p>
<p>Contact Name 聯絡人名稱 _____</p> <p>Name of high school or organization 中學或機構名稱 _____</p> <p>Relationship with the applicant 與申請人之關係 _____</p> <p>Contact No. 聯絡電話號碼 _____</p> <p>E-mail Address 電郵地址 _____</p>

<p>Declaration</p> <p>I hereby agree the contact person above to release any additional information to the Four Institutions to evaluate my application.</p> <p>聲明：本人同意以上聯絡人提供額外資料以供四校評估此申請。</p>



Documents Submission 遞交文件

1. Please submit assessment report issued by registered medical practitioner in Macao and other relevant diagnostic document / certificate (e.g. "Disability Assessment Registration Card" issued by the Social Welfare Bureau of Macao SAR). Original document is needed for verification process.
請遞交由本澳註冊執業醫師發出的評估報告及其他有關的診斷文件／證明（如澳門特別行政區社會工作局發出之「殘疾評估登記證」）。需提交原本以供核對。
2. Candidates who have previously been provided with special examination arrangements in schools should submit relevant proof issued by the school or specification of the arrangement.
如曾在校內考試獲相關特別考試安排，申請人必須提供由校方發出之證明或相關安排之說明。

Date 日期

Signature 簽名