



# 中國香港獨木舟總會有限公司 HONG KONG CHINA CANOE UNION LTD

Affiliated to: International Canoe Federation Asian Canoe Confederation  
Sports Federation & Olympic Committee of Hong Kong, China

## 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

合約立划板教練 (SUP Coach)

請以正楷填妥申請表格

Please complete the application form with BLOCK Letters

請附上證件相  
Photo

### 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

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## 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)

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## 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，本人會通知中國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 China Canoe Union to update the record.

簽署 Signature :

日期 Date :