

## The “Outdoor Education Camp Scheme” (2021/22) Application Form

Schools are requested to make **telephone** reservation with the relevant camp office before completing this form. **The completed form must be sent to the camp office by fax or email within a week after the successful telephone booking.** [Note: For schools submitting the application forms via email, please submit the **scanned document** with the signature of school head and school chop. The PE Section of EDB and the camp office will reply and disseminate information via the email provided by the school in this form. For contacts of camps, please refer to “*List of Camps Providing Service to the OECS: Information and Charges*”]

Name of School: \_\_\_\_\_ School Code (6 Digit): \_\_\_\_\_

\*School Type:     Secondary School     Primary School     Special School  
 Gov’t School  Aided School  Direct Subsidy Scheme  Private Day / Int’l School

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Name of campsite applied for: \_\_\_\_\_

Camp Period: from \_\_\_\_\_ to \_\_\_\_\_ ( \_\_\_\_\_ day \_\_\_\_\_ nights)

No. of Participating students (If there is any change of participating numbers of students, please inform the camp office concerned immediately) [Details please refer to FAQ (Q1)]	Level	<b>Primary</b>		<b>Secondary</b>	
		Boys	Girls	Boys	Girls
	#Junior				
	#Senior				
	<b>Total</b>				

Number of participating teachers/school appointed supervising team members: Male \_\_\_\_\_ Female \_\_\_\_\_

\*Will the school apply for the EDB OECS subsidy?     Yes     No

Objective(s) of the camp (Please put a number in the appropriate box begins with the most important objective as “1” and the next one as “2” accordingly):

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Personal / Life Skill Development<br>3. <input type="checkbox"/> Leadership Training / Team Building and Inter-personal Development<br>5. <input type="checkbox"/> Career and Life Planning Activities<br>7. <input type="checkbox"/> Others (Please specify) _____ | 2. <input type="checkbox"/> To learn and experience the nature<br>4. <input type="checkbox"/> Training Camp (Please specify) _____<br>6. <input type="checkbox"/> Subject-based Activities (Please specify) _____ |
|---|---|

Main theme of learning in the camp: \_\_\_\_\_

Name of teacher i/c: # Mr/Mrs/Ms \_\_\_\_\_

Mobile phone no. \_\_\_\_\_ (For emergency use only)

Email: \_\_\_\_\_ (Please refer to the “Guidance Note” of this form)

Signature of School Head: \_\_\_\_\_

Name of School Head(in BLOCK letters: \_\_\_\_\_

(\*Please put a “✓” in the appropriate box / # delete whichever inappropriate)

(School Chop)

### FOR CAMP OFFICE USE ONLY (Not applicable for Schools)

**Camp offices** should process the school applications and send by fax (2761 4291) or email ([acopecd2@edb.gov.hk](mailto:acopecd2@edb.gov.hk)) to the PE Section of EDB.

Camp No.: \_\_\_\_\_ Signature of camp staff: \_\_\_\_\_

Date : \_\_\_\_\_ Name of camp staff : \_\_\_\_\_