

| Application form for Summer Student Volunteer Programme of Castle Peak Hospital | |
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| Name (in English): | |
| (in Chinese): | |
| Age: | |
| Gender: | |
| Contact number: | |
| Native language: | |
| Education level: | |
| Any volunteer service training attended: | |
| Any past volunteer service experience: | |
| Any knowledge about mental health: | |
| Any past experience in serving psychiatric clients: | |
| What is your expectation about being summer student volunteer in Castle Peak Hospital: | |
| Available period for training and providing volunteer service: | |

The personal data provided on the form will be used solely for the purpose of applying Summer Student Volunteer Programme and will be handled by the staff of Day Hospital of Castle Peak Hospital.