

Our ref: A7/1, L1

致： 有關「大學聯招辦法」申請人

「大學聯招處」為身體殘疾人士而釐定的一項輔助制度^①，目的在幫助有關申請人能盡早查詢各院校是否有足夠的輔助設施，協助入學後的學習；亦使有關院校能盡早為此等申請人提供適當的入學輔導資料及妥善處理該等人士的入學申請。為使各院校能妥善處理該等人士的入學申請，本辦事處希望有關的申請人能提供更詳細的資料。

若閣下希望透過此輔助制度申請入學，請填妥附上的表格，將表格連同專科醫生簽發報告及有關的證明文件於**2010年2月27日或以前**親身或郵寄回本辦事處。

「大學聯招處」將就所提交的申請諮詢康復專員以確定申請人是否符合資格。在甄別過程中康復專員或會要求申請人提交其他有關的證明文件、或要求有關政府部門或團體核對有關的證明文件、及如有必要將邀請申請人出席面試等。未能符合要求的申請人將於2010年3月中旬接獲「大學聯招處」的通知，而該等申請人將繼續透過「大學聯招辦法」給予各院校考慮其申請。

透過此輔助制度而獲取錄資格的申請人，將於**2010年7月22日**獲得通知，但此等申請人則毋須即時簽覆接納取錄。有關申請將透過「大學聯招辦法」繼續遴選以決定是否能獲取較高次序的課程取錄資格。

透過此輔助制度而未獲任何取錄資格的申請人，亦將透過「大學聯招辦法」繼續遴選。

申請人若於**2010年7月22日**仍未接獲任何通知，可向「大學聯招處」查詢。

任何有關此等安排的查詢，可聯絡「大學聯招處」：

電話：2859 2274

傳真：2858 4825



黃陳穎華
「大學聯合招生處」總幹事

二零零九年九月十五日

① 就此輔助制度，殘疾的定義是指申請人有下列一項或以上之殘疾：

- | | |
|----------|-----------------|
| [a] 肢體傷殘 | [f] 自閉症 |
| [b] 聽覺受損 | [g] 精神病 |
| [c] 視覺受損 | [h] 注意力不足／過度活躍症 |
| [d] 器官殘障 | [i] 特殊學習困難 |
| [e] 言語障礙 | |

JUPAS
Application No.

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HKID
Card No.

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Name _____

Supporting Documents

I enclose the following supporting document(s) for verification of my disability: -

- Medical certificate* which contains detailed diagnosis of the type of my disability

- Testimonial or reference letter issued by Head of the special school at which I am studying / studied** from _____ to _____

- Letter issued by the Hong Kong Examinations and Assessment Authority which informed handicapped candidate of special arrangement made in the Hong Kong Certificate of Education Examinations / Hong Kong Advanced Level Examinations

- Report issued by an audiologist / a speech therapist** of the Education and Manpower Bureau / Education Bureau

- My Disability Allowance Reference Number _____

- Others (please specify) _____

* The medical certificate must bear the signature, name and title of a registered medical practitioner or a registered allied health professional who issued the certificate as well as the address and telephone number of the clinic/hospital where the certificate was issued.

** Delete as appropriate.

Declaration

I, _____ (name), declare that the information provided above and enclosed are, to the best of my belief, true, complete and correct. I authorize the JUPAS Office to pass the above information and my JUPAS application to the Commissioner for Rehabilitation for verification of my disability. I also authorize the JUPAS Office and the Commissioner to approach other relevant Government Departments and organizations for verification of my disability and those Departments and organizations so approached to release such information.

Date : _____ Signature : _____