



樂施會
OXFAM
Hong Kong

無窮世界
World
Without
Poverty

To be filled out by Oxfam's staff

Applicant's number :

Oxfam Young Trailwalker Training Program 2025/26 School Application Form

Our school would like to recommend students to participate in the "Oxfam Young Trailwalker Training Program 2025/26" and is willing to stay in touch with Oxfam, receive regular reports on student participation, and proactively follow up to understand the situation of participating students.

School Information

* Please check the appropriate option. ✓

School name: _____

School address: _____

Teacher in Charge (I)

Name: (Chi) Mr/Ms/Mrs _____ (Eng) Mr/Ms/Mrs _____

Position: _____ Responsible Subject / Team: _____

Contact number: _____ Email address: _____

Teacher in Charge (II) *optional

Name: (Chi) Mr/Ms/Mrs _____ (Eng) Mr/Ms/Mrs _____

Position: _____ Responsible Subject / Team: _____

Contact number: _____ Email address: _____

Statement on the Use of Personal Data

The personal data collected will be treated as strictly confidential and will be used by Oxfam and its service providers for the purposes of this program. For more information about Oxfam's privacy policy and the collection and use of personal data, please visit: <https://www.oxfam.org.hk/en/privacy-and-security>

To connect closely with you and to keep you informed of Oxfam's work against poverty as well as advocacy, development and fundraising progress, Oxfam and its service providers may use your contact information (name, telephone, email and address) for the purpose of communications, fundraising, volunteer recruitment and survey administration. Please indicate below if you agree to being contacted for these purposes. You may choose to stop receiving such information at any time; please inform us by post or email to info@oxfam.org.hk.

☐ Agree

☐ Disagree

**Name of Principal/
Teacher in charge**

Signature

School's Stamp

Date



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Name List of Participating Student(s)

* Teachers-in-charge, please remind students on the following list to complete the “Participant Application Form”.

	Student's name	Form / Class	Student's Contact number	Reason(s) for Teacher Recommendation
1				
2				
3				
4				
5				
6				
7				



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Name List of Participating Student(s)

* Teachers-in-charge, please remind students on the following list to complete the "Participant Application Form".

	Student's name	Form / Class	Student's Contact number	Reason(s) for Teacher Recommendation
8				
9				
10				
11				
12				
13				
14				



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Name List of Participating Student(s)

* Teachers-in-charge, please remind students on the following list to complete the “Participant Application Form”.

	Student's name	Form / Class	Student's Contact number	Reason(s) for Teacher Recommendation
15				
16				
17				
18				
19				
20				
21				